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	(Requestor's Name)
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PICK-UP	WAIT MAIL
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	(Business Entity Name)
	(Document Number)
	(Document Humber)
Certified Copies	Certificates of Status
Special Instructions to	o Filina Officer:
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FLORIDA CAPITAL COURIEI 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	R SERVICES, INC , .
PLEASE USE FUNDS FROM AUTHORIZATION SIGNATUR	
2057 WILTON LLC L2	1000533990
Business Name	Document Number, (if known):
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy	
_x Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement X Statement of CORRECTION
APOSTIL () Country	Other

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Division of 0	Section Corporations						
	ILTON LLC						
SUBJECT:	UBJECT:Name of Limited Liability Company						
Dear Sir or Madam;							
The enclosed Stateme	ent of Correction and fee(s) a	are submitted for filing	y.				
Please return all corre	spondence concerning this i	natter to the following	z :				
Sandra Z. Green, Esq	;						
	Name of Person		-				
JONATHAN H. GRI	EEN & ASSOCIATES, P.A.						
	Firm Company		-				
901 Ponce de Leon B	oulevard, Suite 601						
	Address		-				
Coral Gables, Florida							
	City/State and Zip Code		-				
E-mail address:	(to be used for future annua	l report notification)	-				
For further information	on concerning this matter, pl	case call:					
Sandra Z. Green		305 at (372-5100				
Nar	ne of Person	Area Code	Daytime Telephone Number				
P.O. Box 6	on Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check (for the following amount:						
□\$25 Filing Fee	■ \$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	☐ \$60 Fiting Fee, Certificate of Status & Certified Copy				

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

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ECON		ne Florida Document number of the li							
HIRD:	g: De	ocument to be corrected is:	Articles of Organ	nization			_		
	(CHF	ECK THE APPROPRIATE BOX A	ND COMPLE	TE THE APPLICABLE ST.	<u>ATEMES</u>	<u>8T</u>			
`	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the correct statement are as follows:								
	Incorrect St	tatement Art IV The name & address o	f the person(s) at	ithorized to manage LLC : Bind	der Family	LLLP			
	Incorrect S	tatement lists wrong Manager. The Co	rect Statement li	sts the correct Manager.			-		
	Correct Sta	tement Art IV The name & address of	the person(s) aut	horized to manage LLC: Binde	r, Oscar M	l.	_		
	<u>OR</u>								
	Was defect as follows:	tively signed. The manner in which t	he document wa	as defectively signed and the a	ppropriate	corre 2022 J	ction are		
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	<u>OR</u>	,			E, FL	1 9: 37			
3	The electro	onic transmission of the record was de	efective.		* ' 1				
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cceptin lew Reg hereby rovision bligation	re of new re ng the design registered Ag recept the ons of all sta ons of my pe rechange in the	Signature of Authorized Representation of Authorized Representation of Authorized Representation of Representation of Representation of Registers appointment as registered agent and tuttes relative to the proper and composition as registered agent as provide the registered office address. I hereby	: if correcting the desired Agent: agree to act in the lete performance of for in Chapte.	this capacity. I further agree i se of my duties, and I am fami r 605, F.S. Or, if this documer	o comply liar with a u is being	with th ind acc filed to	ic cept the o merel		
		Regis	stered Agent's S	ignature	-				
		Filing F Certified Cop		\$25.00 \$30.00 (optional)					