

To:

Page 2 of 4

2024-02-16 08:39:39 PST

19548277645

From: Kaity Toon

**L22000180795**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000064747 3)))



H240000647473ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

2024 FEB 16 AM 9:38  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MIG RESIGN  
309 22ND STREET WEST LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$55.00 |

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: 309 22nd Street West LLC

**SECOND:** The Florida Document number of the limited liability company is: L22000180795

**THIRD:** Document to be corrected is: Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☐ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

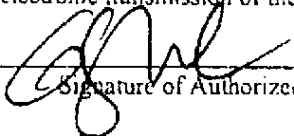
See attached addendum.

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**

- ☐ The electronic transmission of the record was defective.

  
Signature of Authorized Representative

2/15/24  
Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
Registered Agent's Signature

**Filing Fee:                      \$25.00**  
**Certified Copy:                \$30.00 (optional)**

**Addendum to Statement of Correction for  
309 22nd Street West LLC (Document Number L22000180795)**

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The following incorrect Article IV is the result of a scrivener's error:

**Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
BEACON REAL ESTATE INVESTMENT GROUP, LLC  
7001 RIDGEWAY  
LINCOLNWOOD, IL 60712

The corrected Article IV is as follows:

**Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
GEORGE REVEL  
7001 RIDGEWAY  
LINCOLNWOOD, IL 60712

Title: MGR  
PARASKEVI LITSOGIANNIS  
7001 RIDGEWAY  
LINCOLNWOOD, IL 60712