

1/27/23, 2:32 PM

Division of Corporations

62200514114

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : PARASEC
Account Number : I20180000086
Phone : (916)576-7000
Fax Number : (800)603-5868

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

Email Address: RLOPS@PARASEC.COM

1 in 3:37

2023 JAN 27 PM 1:10

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
57 HIGHPOINT 201 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2023

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JAN 30 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 57 Highpoint 201 LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vanessa Calhoun
Name of Person

Parasec
Firm/Company

2804 Gateway Oaks Dr # 100
Address

Sacramento, Ca 95833
City/State and Zip Code

rlsos@parasec.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa Calhoun at (916) 576-7000
Name of Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Filing Fee, Certificate of Status & Certified Copy

**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: 57 Highpoint 201 LLC

SECOND: The Florida Document number of the limited liability company is: 122000514114

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:

Article 2 business address reads 47 Highpoint Circle west Unit 201Naples, FL 34103

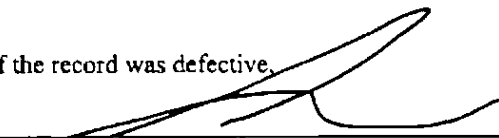
Article 2 should be 57 Highpoint Circle west Unit 201Naples, FL 34103

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

1/27/23
Date

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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)**