

# L23000113483

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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From: Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.  
Account Number : 076624003440  
Phone : (305)444-6226  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

7661 NW 107 AVE # 103 LLC

Certificate of Status	0
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**NOTE**  
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SECRETARY OF STATE  
TALLAHASSEE, FL

2023 MAR 28 PM 3:21

**FILED**

**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: 7661 NW 107 AVE # 103 LLC

**SECOND:** The Florida Document number of the limited liability company is: L23000113483

**THIRD:** Document to be corrected is: ARTICLE I OF THE ELECTRONIC 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:

Due to an inadvertent error, the Company name was filed as 7661 NW 107 AVE # 103 LLC. The correct LLC name should be: 7661 NW 107 AVE # 304 LLC. This Statement of Correction serves to correct Article I of the Electronic Articles of Organization to change the Company name as follows: "7661 NW 107 AVE # 304 LLC".

**OR**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**OR**

The electronic transmission of the record was defective.

*[Signature]* MARCH 27, 2023  
Signature of Authorized Representative 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)