

L24000059521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

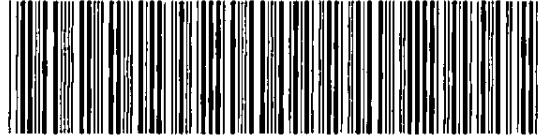
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2024 FEB 13 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2024 FEB 13 AM 11:19
SECRETARY OF STATE
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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 314145 8271488

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : February 12, 2024

ORDER TIME : 8:54 AM

ORDER NO. : 314145-005

CUSTOMER NO: 8271488

DOMESTIC AMENDMENT FILING

NAME: 968 WEST VETERAN PROPERTY, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER'S INITIALS: _____

**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: 968 WEST VETERAN PROPERTY, LLC

SECOND: The Florida Document number of the limited liability company is: L24000059521

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:

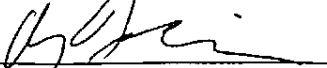
The member 's name was spelled incorrectly as SOLOMON LALLOUV, 1715 N 45TH AVE
HOLLYWOOD, FL 33021. The correct spelling of the member's name is: SOLOMON LALLOUZ,
1715 N 45TH AVE, HOLLYWOOD, FL 33021.

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.

 2/12/24
Signature of Authorized Representative Date

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TALLAHASSEE FLORIDA
STATE

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)