

# L24000121448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

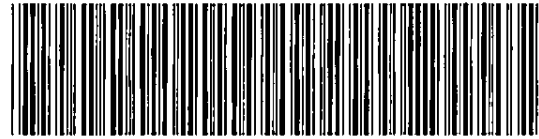
(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2024 MAR 18 AM 9:19

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2024 MAR 18 PM 2:59

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956

Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

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**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 3/18/2024

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1240134

**ORDER ENTITY**  
10 TERA LANE, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

10 TERA LANE, LLC ( FL )

File the attached correction document

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



**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: 10 Tera Lane, LLC

**SECOND:** The Florida Document number of the limited liability company is: L24000121448

**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 the Attached

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

**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.

/s/Marsha King

3/18/2024

Signature of Authorized Representative

Date

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2024 MAR 18 AM 9:19  
TALLAHASSEE FLORIDA

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)**

**Certificate of Correction**

Article I, the name of the Limited Liability is misspelled and Article II the address is incorrect. The Articles are corrected as follows:

Article I. Name:

The name of the Limited Liability Company is: 10 Trae Lane, LLC

Article II. Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

11 Stone Bluff Ct.

Orchard Park, NY 14127

Mailing Address:

11 Stone Bluff Ct.

Orchard Park, NY 14127

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