

L14000089694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

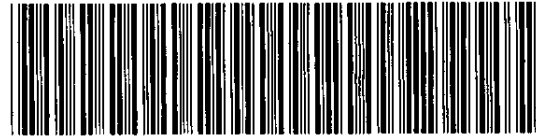
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900260859459

06/09/14--01001--005 **125.00

2014 JUN -6 10 2 38
SFT-14-06-1000

FILED
2014 JUN -6 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN - 9 2013

T. HAMPTON

**CORPORATE
ACCESS,
INC.**

"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

6/6 Ahmed

☐ CERTIFIED COPY

☒ PHOTOCOPY

☐ CUS

☒ FILING

LLC Statement of Corp

1. 120 5th Avenue, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**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:

120 5th Avenue, LLC

L140000689494

SECOND: 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 principal address and mailing address of the LLC and the name and address of the manager were incorrectly

stated. The correct principal address of the LLC is c/o Law Office of Jeff Novatt, P.A., 1415 Panther Lane, #327,

Naples, FL 34109, the correct mailing address of the LLC is P.O. Box 370, Norwell, MA 02061-0370, and the correct

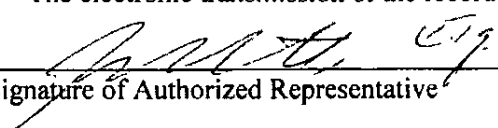
name and address of the manager are Kristen Williams-Haseotes, P.O. Box 370, Norwell, MA 02061-0370.

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

6/6/14
Date

2014 JUN -6 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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