## L15000157399

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ALLAHASSEE, FLORIBA

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## **COVER LETTER**

TO:	Registration Division of	n Section Corporations		,
SUBJE	Ect: Ecc	centry Holiday	s, LLC	
		N	lame of Limited Liabili	ty Company
Dear Si	ir or Madam:			
The end	closed Statem	ent of Correction and fee(s) ar	re submitted for filing.	
Please	return all corr	espondence concerning this m	natter to the following:	
Ма	rty A.	Stone, Esq.		
		Name of Person		
Lav	v Offic	e of M.A. Sto	ne, LLC	
		Firm/Company		
141	142 Ar	nelia Island W	/ay	
		Address		
Orl	ando,	FL 32828		
		City/State and Zip Code		
		)maslaw.net		
E	-mail address	: (to be used for future annual	report notification)	
		on concerning this matter, ple	ase call:	
Ma	rty Sto	ne	<sub>at (</sub> 321)	443-4643
	Na	me of Person	Area Code	Daytime Telephone Number
Registr Divisio Clifton 2661 E	ET/COURIE ation Section n of Corporat Building xecutive Cent issee, Florida	er Circle	R D P	AAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Callahassee, Florida 32314
Enclose	ed 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

CR2E062 (9/15)

## 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: Eccentry Holidays, LLC The Florida Document number of the limited liability company is:  $\underline{L15}000157399$ **SECOND: Articles of Organization** THIRD: (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 II of the Articles of Organization contains the incorrect address for the principal office and the mailing address of the Company. The correct principal and mailing address of the Company should be 558 W. New England Avenue, Suite 210, Winter Park, Florida 32789. Article IV lists an incorrect address for the Manager. The correct address should be 558 W. New England Avenue, Suite 210, Winter Park, Florida 32789. <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. Signature of Authorized Representative 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:

Certified Copy:

\$25.00

\$30.00 (optional)