

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : MALCOLM B. WISEHEART III, PLLC  
Account Number : I20150000071  
Phone : (305) 285-1222  
Fax Number : (305) 858-4864

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: mwiseheart@wiseheart.law

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**5765 SOMI LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 1       |
| Page Count            | 01      |
| Estimated Charge      | \$60.00 |

RECEIVED  
2016 APR 15 PM 12:02  
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2016 APR 15 PM 12:34  
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**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: 5765 SOMI LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000169406

**THIRD:** Document to be corrected is: Articles of Amendment to Articles of Organization of 5765 SOMI LLC, as filed on April 4, 2016

**(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:

Mr. Scott Fuhrman's title is Authorized Member (AMBR) and not Manager (MGR).

**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

4/15/16  
Date

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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)