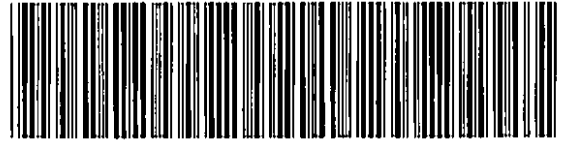


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18 AUG 17 PM 3:49

STATE OF ALABAMA  
FILING OFFICE  
MONTGOMERY, ALABAMA

(Requestor's Name)

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(Document Number)

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AUG 20

EXAMINER

# CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

**Date:** 8/17/2018

Acc#I20160000072



|             |                                      |
|-------------|--------------------------------------|
| Name:       | 5725 NW 186TH STREET OPERATIONS, LLC |
| Document #: |                                      |
| Order #:    | 11119593                             |

|                                   |                          |  |  |
|-----------------------------------|--------------------------|--|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> | ATTENTION MS. SIMMONS<br>OR<br>BRITTNEY<br>PER KATHY WIDDOES |  |
| Plain Copy:                       | <input type="checkbox"/> |  |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |  |  |
|                                   | <input type="checkbox"/> |  |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination:                                      |  |
|                                   |                          | Number of Certs:   |  |

|         |            |
|---------|------------|
| Filing: | Certified: |
|         | Plain:     |
|         | COGS:      |

|                     |
|---------------------|
| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ 55.00

2018 AUG 17 AM 10:07

Thank you!

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: 5725 NW 186th Street Operations, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Russell Silver-Fagan  
Name of Person

Skadden, Arps, Slate, Meagher & Flom LLP  
Firm/Company

4 Times Square  
Address

New York, NY 10036  
City/State and Zip Code

russell.silver-fagan@skadden.com  
E-mail address: (to be used for future annual report notification)

2013 AUG 17 AM 10: 07

For further information concerning this matter, please call:

Russell Silver-Fagan at ( 212 ) 735-3551  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed 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

**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: 5725 NW 186th Street Operations, LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000124555

**THIRD:** Document to be corrected is: Articles of Organization for 5725 NW 186th Street Operations, LLC

**(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:

Document failed to include the post effective date of 05/24/18.

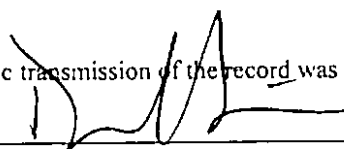
**OR**

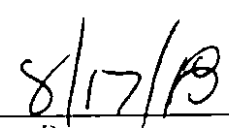
Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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

**OR**

The electronic transmission of the record was defective.

  
\_\_\_\_\_  
Signature of Authorized Representative

  
\_\_\_\_\_  
Date

2018 AUG 27 AM 10:07

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)**