

4190003549813643

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : FLORIDA CRYSTALS CORPORATION
Account Number : 120100000019
Phone : (551)366-5138
Fax Number : (561)366-5180

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EATMIRA V, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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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: BATMIRA V, LLC

SECOND: The Florida Document number of the limited liability company is: L19000278643

THIRD: Document to be corrected is: The 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:

Article IV - The name and address of each person authorized to manage and control the Limited Liability Co.

The name listed as the "MGR" was incorrect.

The MGR is: FCI Residential Corporation, PO Box 3435, West Palm Beach, FL 33401

OR

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

[Blank lines for defectively signed details]

OR

The electronic transmission of the record was defective.

[Handwritten Signature] Signature of Authorized Representative

FILED 2019 DEC - 9 PM 3:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA 12/16/2019

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)