

**Florida Department of State**  
 Division of Corporations  
 Electronic Filing Cover Sheet

L22000414045364

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H220004140453ABCW

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

From: Account Name : CAPITOL SERVICES, INC.  
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**\*\*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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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**1074 SW PLACETAS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	<b>\$55.00</b>

2022 Dec 8 11:43:34

**C. BRUMBLEY**

**DEC - 8 2022**

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**COVER LETTER**

H22000414045

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1074 SW Placetas 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:

Liben Durias

Name of Person

Firm/Company

1080 SW Placetas Ave

Address

Port Saint Lucie, FL 34953

City/State and Zip Code

capri1981@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liben Durias at ( 630 ) 965-2366  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

CR2E062 (9/15)

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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: 1074 SW Placetas LLC

**SECOND:** The Florida Document number of the limited liability company is: 1.22000140364

**THIRD:** Document to be corrected is: Articles of Organization Article VI

**(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 document stated single member LLC in Article VI and there are two MANAGERS listed. Please remove this statement in Article VI

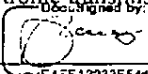
**OR**

- 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.

 12/8/2022  
DocuSigned by: [Signature] Signature of Authorized Representative 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)**

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