

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L2200041405364

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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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**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>

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**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

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H22000414045

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:

[Blank lines for description of defectively signed document]

OR

- The electronic transmission of the record was defective.

Signature of Authorized Representative: [Signature] Date: 12/8/2022

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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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