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Account Number: I20030000043 : (800)342-9856

Phone S.M. Fax Number

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JOLA REALTY, LLC

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ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30 business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

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ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| JOLA REALTY, LLC | , | | | | |
|---|---|-----------------|--|---|---|
| (Must end with the words "Lin | nited Liability Company | , "Limited | Company" or their abbreviation "LLC | .," or "L.C.,") | |
| ARTICLE II - Addre | ea: | | | . *. | |
| | | f the pri | ncipal office of the Limited L | iability Comp | any is: |
| , | | | | | |
| Principal Office Add | ress: | · | Mailing Address: | | 3376,00% |
| 3644 INDIGO POND DRIVI | E | | SO LAFAYETTE AVENUE | | |
| PALM HARBOR, FL 34685 | | - . | WESTBURY, NY 11590 | | . 7 |
| <u> </u> | : | | Altn: L. Vacchio | | |
| | | | ALCII, L. VACCIIIO | - | |
| | | _ , | Attri, L. Vaccino | Z SE | 07 |
| (The Limited Liability Compa business entity with an active | ny campot serve as its ov e Florida registration.) | vn Registi | Office, & Registered Agent' | | 07 APR 26 |
| (The Limited Liability Compa business entity with an active The name and the Flor | ny camet serve as its ov Florida registration.) ida street address (| of the re | Office, & Registered Agent' | | 220 · · · · · · · · · · · · · · · · · · |
| (The Limited Liability Compa business entity with an active The name and the Flor | ny campot serve as its ov e Florida registration.) | of the re | Office, & Registered Agent' | vidual or another Inc. S. | 220 · · · · · · · · · · · · · · · · · · |
| (The Limited Liability Compa business entity with an active The name and the Flor | ny camet serve as its ov Florida registration.) ida street address (| of the re | Office, & Registered Agent' | vidual or another Inc. S. | |
| (The Limited Liability Compa business entity with an active The name and the Flor | ny camet serve as its ov Florida registration.) ida street address (| of the re | Office, & Registered Agent' and Agent. You must designate an indi- agistered agent are: | | |
| (The Limited Liability Compa business entity with an active The name and the Flor | ny campot serve as its over Florida registration.) ida street address of RENZO VACCHIO 41 INDIGO POND | of the re Name | Office, & Registered Agent' and Agent. You must designate an indi- agistered agent are: | vidual or another Inc. S. | |
| (The Limited Liability Compa business entity with an active The name and the Flor LO | ny campot serve as its over Florida registration.) ida street address of RENZO VACCHIO 41 INDIGO POND | of the re Name | Office, & Registered Agent' red Agent. You must designate an indir- egistered agent are: | vidual or another Inc. S. | |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

(H07000 1140303)

| | = Manager " = Manag | ing Member | Name and Address: | |
|---|-------------------------|---|---|---------------------------|
| MGRM | | | LORENZO VACCHIO | |
| | | • | 3641 INDIGO POND DRIVE | |
| | | | PALM HARBOR, FL 34685 | |
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