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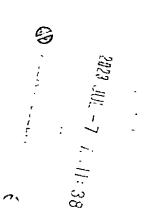
	(Requestor's Name)
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Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 827111 7144145 AUTHORIZATION COST LIMIT : ORDER DATE : June 21, 2023 ORDER TIME : 1:21 PM ORDER NO. : 827111-060 CUSTOMER NO: 7144145 FOREIGN FILINGS NAME: FOUNDERS SOBER LIVING III LLC CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX CORRECTION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301

COVER LETTER

Registration Section Division of Corporations TO:

	FOUNDERS SOBER LIVING III LLC ECT:			
		Name of Emmed Elac	onity Company	
ear Sir or M	·ladam:			
he enclosed	Statement of Correction and fee(s)	are submitted for filin	g.	
lease return	all correspondence concerning this	matter to the following	g:	
	N 40		_	
	Name of Person			
_			_	
	Firm/Company			
	Address		_	
	Address			
	City/State and Zip Code		_	
	Christine and rap code			
E-mail	address: (to be used for future annua	al report notification)	-	
or further in	formation concerning this matter, p	lease call:		
	Name of Person	at (Area Code		
			C	
	ling Address: gistration Section		Street Address: Registration Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Lal	lahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
			Tallallassee. T.L. 32303	
nclosed is a	check for the following amount:			
nclosed is a	_	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status &	

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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: FOUNDERS SOBER LIVING III LLC The Florida Document number of the limited liability company is: _____L13000081144 SECOND: Document to be corrected is:_______LC AMENDMENT AND NAME CHANGE THIRD: (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: Due to a clerical error the amended name was incorrectly listed and is corrected to read as follows: FIRST: The name of the limited liability company is: Founders Sober Living LLC <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. 06/28/2023 /s/Joseph Tuttle Signature of Authorized Representative Date 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 \$25.00 Filing Fee:

Certified Copy:

\$30.00 (optional)