

JAN-31-2014 14:18

FROM: HARRISON, SALE, MCCLOY & HAMPTON

7666121

7/24/2014 01:00 F-737

L140000614340

Florida Department of State
Division of Corporations
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((H14000025180 3)))



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To:

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

From:

Account Name : HARRISON, SALE, MCCLOY
Account Number : 076630000526
Phone : (850) 769-3434
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D17 PROPERTIES, LLC

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TALLAHASSEE, FLORIDA

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T. HAMPTON

1/31/2014 12:59 PM

JAN-31-2014 14:16

FROM-HARRISON, SALE, MCCLOY & THOMPSON

+7696121

T-424 P 002/003 F-737

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **D17 PROPERTIES, 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:

ANDREW B. LEVY

Name of Person

HARRISON SALE MCCLOY

Firm/Company

304 MAGNOLIA AVENUE

Address

PANAMA CITY, FL 32401

City/State and Zip Code

ALEVY@HSMCLAW.COM

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

For further information concerning this matter, please call:

ANDREW B. LEVY

Name of Person

at

850

Area Code

769-3434

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
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☐ \$55 Filing Fee &
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☐ \$60 Filing Fee,
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Certified Copy

CR2E062 (12/13)

HL4000025180 3

JAN-31-2014 14:16

FROM-HARRISON, SALE, McCLOY & THOMPSON

+7686121

T-424 P 003/003 F-737

**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:

D17 PROPERTIES, LLC

L14000014340

SECOND: Document to be corrected is:

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:

TITLE OF PERSON AUTHORIZED TO MANAGE LLC IS INCORRECT.

IT STATES THAT WADE RINEHART IS "AMBR".

SHOULD STATE THAT WADE RINEHART IS "MGR" MANAGER.

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.

[Signature]
Signature of Authorized Representative

1/31/14
Date

2014 JAN 31 AM 7:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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