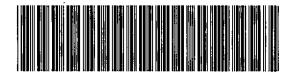
L14000036279

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COVER LETTER

TO:	Registration S Division of C			: •		
SHRJI	Klass A	Advantage Realty, Ll	_C			
301501	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Statemen	nt of Correction and fee(s)	are submitted for filing	3 .		
Please	return all corres	spondence concerning this	matter to the following	g:		
Mitch	nell A. Sherr	nan				
		Name of Person		-		
	!!	Firm/Company		-		
7593	Boynton Be	each Blvd., Suite 220)	_		
		Address				
Boyl	ton Beach, F	L 33437				
 -		City/State and Zip Code		-		
	E-mail address:	(to be used for future annua	al report notification)	-		
For fu	rther informatio	n concerning this matter, p	lease call:			
Deni	ise Klass		561	350-5441		
 	Nan	ne of Person	Area Code	Daytime Telephone Number		
Regist Divisi Clifto 2661	ET/COURIER tration Section on of Corporation Building Executive Center tassee, Florida 3	ons er Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
\mathcal{N}	sed is a check t	or the following amount: □ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		

CR2E062 (2/14)

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. The name of the limited liability company is:______Klass Advantage Realty, LLC FIRST: The Florida Document number of the limited liability company is: L14000036279 SECOND: Document to be corrected is: THIRD: **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: Article IV incorrectly lists Denise Klass as a manager authorized to manage the LLC. Denise Klass is not a manager and her name needs to be removed. The only manager that should be listed is Mitchell A. Sherman. <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. Signature of Authorized Representative

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)