## 40000052252

(Red	questor's Name)	
(Add	dress)	<del></del>
(Add	dress)	
(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

-	istration Sec ision of Cor				
SUBJECT:	CORNE	ERSTONE REAL	ESTATE HOLD	DINGS, LLC	
Name of Limited Liability Company					
Dear Sir or N	Aadam:				
The enclosed	l Statement	of Correction and fee(s) ar	e submitted for filing.		
Please return	all correspo	ondence concerning this m	atter to the following:		
John	C. Cc	wart			
		Name of Person			
		Firm/Company			
109 J	acksc	on St. #4B			
		Address			
Hobol	ken, N	NJ 07030			
<del>-</del>	C	ity/State and Zip Code			
jc.cov	vart@	yahoo.com			
E-mail	address: (to	be used for future annual	report notification)		
For further in	iformation c	oncerning this matter, ple	ase call:		
Jeff K		•		706-6700  Daytime Telephone Number	
	Name o	f Person	Area Code	Daytime Telephone Number	
STREET/Co Registration Division of C Clifton Build 2661 Execut Tallahassee,	Section Torporations Jing ive Center C	ircle	Rej Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314	
Enclosed is:	a check for	the following amount:			
S25 Filin	g Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee. Certificate of Status & Certified Copy	

CR2E062 (9/15)

## 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 of	ompany is:			
	CORNERSTO				
SECO:	ND: The Florida Document nu	mber of the limited liab	ility company is: L14	000052252	
		ARTICLES	OF ORGAN	IZATION	
THIRI					
	(CHECK THE APPROPR	<u>IATE BOX AND CON</u>	IPLETE THE APPLIC	ABLE STATEMENT	
$\square$	Contains an incorrect statement. Statement are as follows:				rrected
	Article IV incorrect	<del>-</del>			
	authorized member	er. The LLC	is a single-me	ember LLC	
	and the sole author	orized memb	er is John C.	Cowart.	
	<u>OR</u>				
	Was defectively signed. The man as follows:	ner in which the docum	ent was defectively signe	d and the appropriate of	orrection are
		, ,			6; <b>2</b>
П	The electronic transmission of the	record was defective.			
			\(\frac{1}{2}\)	11/14/17	
	Signature of Authorized	JEFFRE I Representative	Y L. KAPLAN	Date	
	are of new registered agent, if applicing the designation).	cable :( NOTE: if correc	ting the registered agent,	the new registered age	nt must sign
New R	egistered Agent's Signature, if char	iging Registered Agent:			
provisi obligat	y accept the appointment as registe ons of all statutes relative to the pro- ions of my position as registered ag a change in the registered office ad change.	oper and complete perforent as provided for in C	rmance of my duties, and hapter 605, F.S. Or, if th	l I am familiar with and is document is being fil	l accept the led to merely
		Registered Age	ent's Signature		
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	)	