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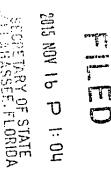
(Re	questor's Name)					
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COVER LETTER

TO: Registration Sec Division of Cor								
SUBJECT:	ish creeku	S one	Properties LLC					
	N	ame of Limited Liabil	ity 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:								
Sam 05	S+Q Name of Person							
Marsh Cr	eek US 1 P	properties L	L C					
16535 N	US Highwa	ay 301						
CHra	FL 32113 ity/State and Zip Code							
Samostadawy farm DamaiL, (om E-mail address: (to be used for future annual report notification)								
For further information c	oncerning this matter, plea	se call:						
Sam Osto		ar/ 386	383-8900					
	f Person	Area Code	Daytime Telephone Number					
STREET/COURIER AND Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230	ircle	R D P	AAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 allahassee, Florida 32314					
Enclosed is a check for the following amount:								
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy					
CR2E062 (9/15)								

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursua	nt to se	ection 605.0209, F.S., this docume	nt is being submitt	ed to correct a previously	filed doc	ument.	
FIRST	: The i	name of the limited liability compa	iny is: <u>Mar</u> S	sh Creek 1	2 <u>S</u> 0	ne LLC	<u>.</u>
			eeky S	One Propert	ies	uc	
<u>SECO</u>	<u>ND:</u>	The Florida Document number	of the limited liab	oility company is: L	4000	143095	<u>}_</u>
<u>THIRI</u>) :	Document to be corrected is:_	Florida L	imited Liabili	ty C	ompany	Acticles
		(CHECK THE APPROPRIATE	E BOX AND CON	MPLETE THE APPLIC	ABLE ST	TATEMENT	Oldin
Ø		ains an incorrect statement. The innent are as follows:	ncorrect statement,	the reason the statement	is incorre	ct, and the corre	ected
		Marsh Creek	us one	LLC	·		
						· · · · · · · · · · · · · · · · · · ·	
	<u>OR</u>						
	Was as fo	defectively signed. The manner in lows:	which the docum	ent was defectively signed	d and the	appropriate con	rection are
					•	AN 19 PARTS	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
						of S	
	<u>OR</u>					ATE RIDA	
	The e	electronic transmission of the reod	nd was defective.				
					11-	12-15	
		Signature of Authorized Rep	resentative		Date		_
		ew registered agent, if applicable designation).	:(NOTE: if correc	ting the registered agent,	the new r	egistered agent	must sign
I hereb provision obligat	y acce ons of ions of a chan	ed Agent's Signature, if changing of the appointment as registered a all statutes relative to the proper a my position as registered agent a ge in the registered office address.	gent and agree to a und complete perfo s provided for in C	rmance of my duties, and Chapter 605, F.S. Or, if thi	I am fam s docume	iliar with and a nt is being filea	ccept the l to merely
Registered Agent's Signature							
			Filing Fee:	\$25.00			

Certified Copy:

\$30.00 (optional)