14000/53385

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COVER LETTER

	on of Corporations			
SUBJECT:	ritical Space Associates,	LLC		
Sebelet		Name of Limited Liab	oility Company	_
Dear Sir or Mad	dam:			
The enclosed St	tatement of Correction and fee(s)	are submitted for filin	g.	
Please return al	l correspondence concerning this	matter to the followin	g:	
Michael Sh	een			
	Name of Person		_	
Critical Spa	ce Associates, LLC			
	Firm/Company		_	
21301 S Ta	ımiami Trail, Suite 320 #1	12		70.4 20.4 20.4 20.4
	Address		_	۳ ک
Estero, FL	33928			; • ;
	City/State and Zip Code		_	
info@critica	al-space.net			
E-mail ad	dress: (to be used for future annu	al report notification)	_	
For further info	rmation concerning this matter, p	olease call:		
Michael Sh	een	239	213-8152	
	Name of Person	at (Area Code	Daytime Telephone Number	
STREET/COU Registration Se Division of Cor Clifton Building 2661 Executive Tallahassee, Flo	porations g : Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a c	heck for the following amount:			
\$25 Filing Fo	ee \$30 Filing Fee & Certificate of Status	S55 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:_ Critical Space Associates, LLC FIRST: The Florida Document number of the limited liability company is: L14000153385 **SECOND:** THIRD: 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: Did not list the 1st Member "Michael Sheen". There should be total of (3) MGR's 1. Michael Sheen (Forgot to List) <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. 10/6/2014 Signature of Authorized Representative Date

> Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)