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COVER LETTER

	sion of Corporations				
SUBJECT:	Redtail Place, LLC				
SUBJECT:		Name of Limited Liability Company			
Dear Sir or M	adam:				
The enclosed	Statement of Correction and fee(s)	are submitted for filing	g.		
Please return	all correspondence concerning this	matter to the following	g:		
Gary A. F	orster				
	Name of Person		-		
Forster Bo	oughman & Lefkowitz				
	Firm/Company		_		
2200 Luci	en Way, Ste. 405				
	Address		<u>.</u>		
Maitland,	FL 32751				
	City/State and Zip Code		_		
	appletextbooks.com				
E-mail a	iddress: (to be used for future annua	al report notification)	_		
For further in	formation concerning this matter, p	lease call:			
Gary A. F	orster	407	255-2055		
	Name of Person	Area Code	Daytime Telephone Number		
Registration S Division of C Clifton Build 2661 Executi	orporations		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 & 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: _____ FIRST: The Florida Document number of the limited liability company is: L14000178344 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: The registered agent should be Melissa Haynie, the registered agent was incorrectly filed as Melissa Roudi. <u>OR</u> 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 of Authorized Representative

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)