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385-6735

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Black Knight Heron LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
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<input checked="" type="checkbox"/>	Amendment/correction
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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
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<input type="checkbox"/>	Other

Examiner's Initials

**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 company is: BLACK KNIGHT HERON LLC

SECOND: The Florida Document number of the limited liability company is: 115000026245

THIRD: Document to be corrected is:

THE NAME OF THE LIABILITY COMPANY

(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:

BLACK KNIGHT HERON LLC

THE NAME SHALL BE BLACK NIGHT HERON LLC

OR



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.

Seios Roman

Signature of Authorized Representative

2-18-15

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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