

L15000120688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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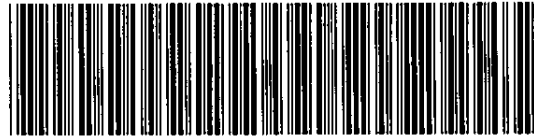
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
REGISTRATION

15 JUL 21 PM 4:49

TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 21 2015

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE PARK AT LIPONA LLC  
Name of Limited Liability 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:

KEVIN COLLINS

Name of Person

THE PARK ON LIPONA LLC

Firm/Company

P.O. Box 21150

Address

Tallahassee, FL 32316

City/State and Zip Code

kcollins@benchmarkres.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN COLLINS

Name of Person

at ( 850 ) 224-6275

Area Code

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### 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

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: THE PARK AT LIPOWA LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000120688

**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:

INCORRECT NAME: THE PARK AT LIPOWA, LLC

REASON: THE NAME SHOULD BE OR CONTAIN "ON"

CORRECT NAME: THE PARK ON LIPOWA, 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.

Kevin Collins  
Signature of Authorized Representative

7/21/15  
Date

FILED  
15 JUL 21 PM 4:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)