

L15000120688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

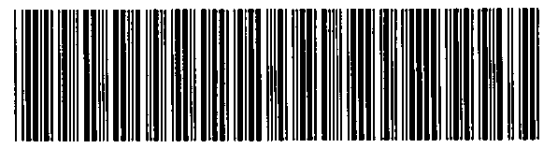
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUL 21 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Park AT Lipowa 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 Lipowa 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 at (850) 224-6275
Name of Person 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 _____ 7/21/15
Signature of Authorized Representative Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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