

L15000121793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

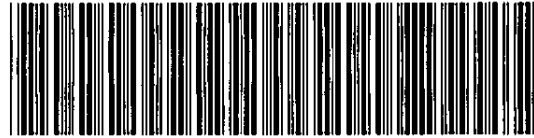
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500274831765

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

15 JUL 22 PM 1:52

RECEIVED
DEPARTMENT OF
GIVEN

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JUL 22 P 2:01

FILED

JUL 23 2015
J. BRUCE

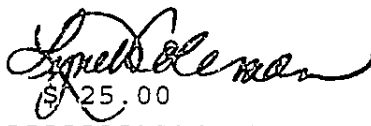
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 709316 7514219

AUTHORIZATION :

COST LIMIT : \$25.00



ORDER DATE : July 15, 2015

ORDER TIME : 10:54 AM

ORDER NO. : 709316-010

CUSTOMER NO: 7514219

DOMESTIC AMENDMENT FILING

NAME: NICOGRET TWO, LLC

EFFECTIVE DATE:

ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

2015 JUL 22 P 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NICOGRET TWO, 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JUL 22 P 2:07

FILED

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

**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: NICOGRET TWO, LLC

SECOND: The Florida Document number of the limited liability company is: L15000121793

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 NAME WAS INCORRECTLY ENTERED AS NICOGRET TWO, LLC.

THE CORRECT NAME OF THE COMPANY IS NICOGREG TWO, 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.

/S/ Ross H. Manella, ESQ.

7/21/15

Signature of Authorized Representative

Date

2015 JUL 22 P 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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