

L15000123149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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15 JUL 24 PM 1:55

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CLERK OF STATE
TALLAHASSEE, FLORIDA

JUL 27 2015

S MASON

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

ACCOUNT NO. : I20000000195

REFERENCE : 722366 7925461

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : July 24, 2015

ORDER TIME : 1:23 PM

ORDER NO. : 722366-005

CUSTOMER NO: 7925461

DOMESTIC AMENDMENT FILING

NAME: VILLA MEDICI 1715 LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VILLA MEDICI 1715 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:

KIMMY ZHONG

Name of Person

LAW OFFICE OF Z. TAN PLLC

Firm/Company

39-07 PRINCE STREET, SUITE 3B

Address

FLUSHING, NY 11354

City/State and Zip Code

KIMMY.ZHONG@NCNY-LAW.COM

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

For further information concerning this matter, please call:

KIMMY ZHONG

718

886-6676

Name of Person

at ()

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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

CR2E062 (2/14)

2015 JUL 24 A 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**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: VILLA MEDICI 1715 LLC

SECOND: The Florida Document number of the limited liability company is: L15000123149

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 principal office address filed is 518 Conroy Rd, Unit 1715, Orlando, FL

32811. This address is incorrect because there is a typo. The correct principal
office address should be 5108 Conroy Rd, Unit 1715, Orlando, FL 32811.

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.

Signature of Authorized Representative

Date

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

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2015 JUL 24 A 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/24/2015