

L15000126090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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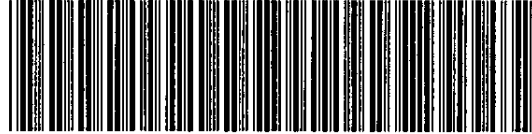
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 20 2015  
T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GREY STREET PROPERTIES 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:

JARED MCCOWAN

Name of Person

Firm/Company

12302 STONE LAKE RANCH BLVD.

Address

THONOTOSASSA, FL 33592

City/State and Zip Code

JARED MCCOWAN @ GMAIL.COM

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

For further information concerning this matter, please call:

JARED MCCOWAN

Name of Person

at ( 317 )

Area Code

600-7220

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

CR2E062 (2/14)

**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: GREY STREET PROPERTIES LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000126090

**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 EFFECTIVE DATE IS CURRENTLY 10/7/2015.

THIS WAS AN ERROR. PLEASE CHANGE EFFECTIVE

DATE TO THE DATE IT WAS FILED, JULY 23, 2015.

**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

8/15/15  
Date

15 AUG 19 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

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