

L15000184267

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 NOV 16 AM 11:26

FILED

N. Gulligan NOV 18 2015

TULA MICHELE HAFF
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November 10, 2015

Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32314

**RE: Statement of Correction for
320 WILDER ROAD, LLC
Document No.: L15000184267
Our File No.: 14171**

Dear Secretary of State:

Attached you will find an original Statement of Correction of the Articles of Organization for 320 WILDER ROAD, LLC, to be filed with your office. Also enclosed you will find my firm's check in the amount of \$25.00 which represents the filing fee for the document.

Please file the Statement of Correction of the Articles of Organization and return a copy of the same to my office upon completion. I have also enclosed a postage pre-paid/self-addressed envelope for your convenient return of the copy.

If you have any questions, please feel free to contact my office.

Very truly yours,



Tula Michele Haff
Attorney at Law

TMH/dlh
Enclosures

**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: 320 WILDER RD, LLC

SECOND: The Florida Document number of the limited liability company is: L15000184267

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 of the Limited Liability Company should be:

320 WILDER ROAD, LLC

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate corrections are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Johnnie R. Mobley / Diana W. Mobley
Signature of Authorized Representative

11-6-15
Date

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2015 NOV 16 AM 11:26
CLERK OF STATE
TALLAHASSEE, FLORIDA

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

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