

# L15000201010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

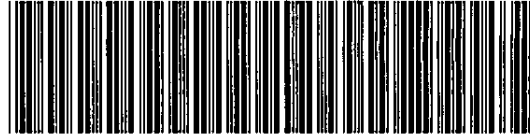
(Business Entity Name)

(Document Number)

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L15-201010  
Stmnt of Correction

12/23/15--01028--012 \*\*25.00

FILED  
16 JAN 26 PM 2:46  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

JAN 26 2016  
N. CAUSSEAU

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Octavia DLC 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:

**Cathryn Alschuler**

Name of Person

**Octavia DLC**

Firm/Company

**2090 West First St. #706**

Address

**Ft Myers FL 33901**

City/State and Zip Code

**calschuler@live.com**

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

For further information concerning this matter, please call:

**Cathryn Alschuler**

at

**919**

Area Code

**280-5333**

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 (9/15)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 4, 2016

CATHRYN ALSCHULER  
OCTAVIA DLC  
2090 WEST FIRST STREET #706  
FT. MYERS, FL 33901

SUBJECT: OCTAVIA DLC LLC  
Ref. Number: L15000201010

We have received your document for OCTAVIA DLC LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This office does not file the "operating agreement." This is kept by the management or member of the LLC. Therefore we cannot file a statement of correction for the operating agreement. If you wish to file a statement of correction to the Articles of Organization, you need to delete any reference to "OPERATING AGREEMENT" and return the document.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 315A00027282

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: Octavia DLC

SECOND: The Florida Document number of the limited liability company is: L15000201010

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:

5. Business purpose. The LLC is a property manager for the property

located at 1101 Parkridge Lane...I put the wrong address. Corrected address is:

3400 Octavia St., Raleigh NC 27606

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.

Cathryn F. Alschuler

Signature of Authorized Representative

1-20-16

Date

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)