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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Division of C	Corporations '			
5C Pro	operty Management,	LLC		
SUBJECT:	1	Name of Limited Liab	ility Company	
Dear Sir or Madam:				
The enclosed Stateme	nt of Correction and fee(s) a	re submitted for filing	<u>.</u>	
Please return all corre	spondence concerning this n	natter to the following	<b>;</b> :	
William E. Stace	ey, Jr., Esq.			
	Name of Person		-	
William E. Stace	ey, Jr., P.A.			
	Firm/Company		-	
PO Box 460053				
	Address		-	
Fort Lauderdale	, Florida 33346			
	City/State and Zip Code		-	₩
reeflink@aol.cor	m			2016 JAN SEGRETA
E-mail address:	(to be used for future annual	report notification)	-	JAN I
				333587 9 1 1 1 1 1
For further informatio	n concerning this matter, ple	ease call:		ACSTA ACTA AC
William E. Stace	y, Jr., Esq	954	761-9898	RION 30
Nam	ne of Person	at (	Daytime Telephon	e Number
STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, Florida 3	ons r Circle		MAILING ADDRES Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 3	ons
Enclosed is a check f	or the following amount:			
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee Certified Copy	& S60 Filing Fe Certificate of Sta Certified Copy	
CR2E062 (9/15)				

## STATEMENT OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

IRST: The n	5C Property Managemename of the limited liability company is:	en, 220
ECOND: HIRD:	The Florida Document number of the limited liability company is:  Articles of Organization  Document to be corrected is:	L16000000854
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE A	APPLICABLE STATEMENT
staten	ains an incorrect statement. The incorrect statement, the reason the statement are as follows:  e incorrect statement we didn't state the effective date, we	
The	reason is we made a mistake	
The	corrected statement is "The effective date required for	this LLC is January 1, 2016"
	defectively signed. The manner in which the document was defective flows:	ely signed and the appropriate correction
<del></del>		<u> </u>
OR The e	electronic transmission of the record was defective.	-14-2016
_(	Signature of Authorized Representative	Date
cepting the ew Registern nereby acceptions of oligations of	new registered agent, if applicable: (NOTE: if correcting the registere designation).  red Agent's Signature, if changing Registered Agent: pt the appointment as registered agent and agree to act in this capaciall statutes relative to the proper and complete performance of my duff my position as registered agent as provided for in Chapter 605, F.S. age in the registered office address, I hereby confirm that the limited li	ed agent, the new registered agent must s ity. I further agree to comply with the ties, and I am familiar with and accept t Or, if this document is being filed to me
	Registered Agent's Signature	
	Filing Fee: \$25.00 Certified Copy: \$30.00 (o	optional)