## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JLW LINCOLN AVENUE, LLC

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April 6, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JLW LINCOLN AVENUE, LLC 3543 STATE ROAD 419 WINTER SPRINGS, FL 32708

SUBJECT: JLW LINCOLN AVENUE, LLC

REF: L16000004543

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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.

Deborah Bruce Regulatory Specialist II FAX Aud. #: H1600008438B Letter Number: 716A00007037

2816 APR - 7 AM 11: 20
SELVALITE SEE, FLORIDA

#### H160000843883

# STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	at to section 605.0209, F.S., this document is being submitted to correct a previously filed document.  The name of the limited liability company is:	nt.			
SECO	ND: The Florida Document number of the limited liability company is:L16000004543	<u> </u>			
THIRI	Document to be corrected is: <u>Articles of Organization</u>				
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATE	EMENT			
团	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:				
	Article III Initial Registered Agent and Address - the address is incorrect.				
	Article IV Authorized Manager - the address is incorrect.				
	Article III Initial Registered Agent and Address, and Article I Managers - the address should be corrected to 3543 State Road 4 OR				
	Was defectively signed. The manner in which the document was defectively signed and the approas follows:	opriate correctio	n are		
		<del>_</del>			
		12	7.		
	<u>OR</u>		APR		
	The electronic transmission of the record was defective.	41 41	1		
	UKIUULii 9/5/16				
	Signature of Authorized Representative Date				
	are of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new regist og the designation).	ered agent must	sign		
•	- ·	: <b>(2</b> )			
l hereb provision obligati reflect (	egistered Agent's Signature, if changing Registered Agent: y accept the appaintment as registered agent and agree to act in this capacity. I further agree to aco ons of all statutes relative to be proper and complete performance of my duties, and I am familiar ions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is a change in the registered office address, hereby confirm that the limited liability company has be change.	with and accept being filed to m	erely		
	Hershorin, Esq. Registered Agent's Signature				
1548 La Jackson (904) 35	Flanagan, Hay & Greene, P.A. Filing Fee: \$25.00 ncaster Terrace Certified Copy: \$30.00 (optional) ville, Florida 32204 5-0355 \hat{\hat{h}}_{1}0014375				