

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.
Account Number : T20010000025
Phone : (785) 999-2235
Fax Number : (305) 935-9042

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: lrrosa@leopoldkorn.com

2016 APR 28 AM 10:52

ALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RAVINIA PORT ST. LUCIE, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

APR 29 2016

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COVER LETTER

TO: Registration Section
Division of CorporationsSUBJECT: RAVINIA PORT ST. LUCIE, 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:

Melissa Sosa, RE Paralegal

Name of Person

Leopold Korn, P.A.

Firm/Company

20801 Biscayne Blvd., Suite 501

Address

Aventura, FL 33180

City/State and Zip Code

msosa@leopoldkorn.com

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

For further information concerning this matter, please call:

Melissa Sosa

Name of Person

at 786

Area Code

899-2232

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)

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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: RAVINIA PORT ST. LUCIE, LLC

SECOND: The Florida Document number of the limited liability company is: L16000076991

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 principal and mailing address of the company are incorrect. The Authorized Member's address is also incorrect. The correct address for the Company and Authorized Member is 15481 S.W. 12th Street, Suite 309, Sunrise, FL 33326.

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.

Julie M. Marx
Signature of Authorized Representative

4/27/16
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)

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