L16000 81858

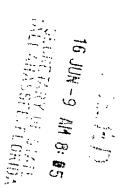
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COVER LETTER

	gistration Sec vision of Cor					
SUBJECT:	3004	Bay Villas [Orive, LLC	•		
		N	lame of Limited Liabi	lity Company		
Dear Sir or	Madam:					
The enclose	d Statement	of Correction and fee(s) a	re submitted for filing			
Please retur	n all correspo	ondence concerning this m	natter to the following	:		
Duan	e C R	omanello				
		Name of Person				
Duan	e C R	omanello, P	P.A.			
_		Firm/Company				
1919	Bland	ling Blvd				
		Address				
Jacksonville, FL 32210						
	Ci	ty/State and Zip Code				
dromanello@romanellogoode.com						
E-mai	l address: (to	be used for future annual	report notification)			
For further information concerning this matter, please call:						
Duan	e Ron	nanello	_{at (} 904	384-1441		
	Name o	f Person	Area Code	Daytime Telephone Number		
Registration Division of Clifton Buil 2661 Execu	Corporations	ircle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:						
■ \$25 Filin	ng Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee of Certified Copy			
CR2E062 (9	9/15)					

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: 3004 Bay, Villas Drive, LLC The Florida Document number of the limited liability company is: L16000081858 SECOND: **Articles of Organization** Document to be corrected is THIRD: (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 Articles of Organization list Rodeo Capital, LLC as the manager due to a scriveners error. Rodeo Capital, Inc. should be listed as the entity authorized to manage the company. All other information in the Articles of Organization, including the address of both the company and its manager, is correct. OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are П as follows: OR The electronic transmission of the record was defective. Signature of Authorized Representative 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:

Certified Copy:

\$25.00

\$30.00 (optional)

CR2E062 (9/15)