

L16 0000 AF354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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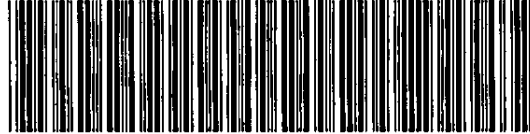
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
16 MAY 20 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 23 2016
J SHIVERS



BLOUNT LAW, PL

809 Walkerbilt Road, Suite #6 - Naples, FL 34110 - (239) 592-4815

Monday, May 16, 2016

VIA REGULAR US MAIL

Department of State-Division of Corporations
PO Box 6327
Tallahassee, FL, 32314

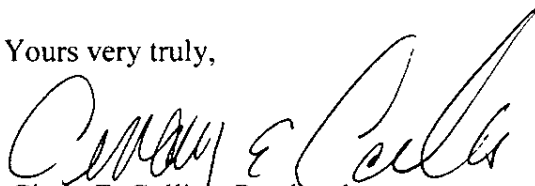
Re: 1185 Little Torch Key, LLC
Statement of Authority and Correction

To whom it may concern:

Please find enclosed Statement of Authority and Statement of Correction. We are requesting a certified copy of the Statement of Authority. Please find a check in the amount of \$55.00 and an enclosed self-addressed stamped envelope to return the certified copy.

Thank you for your attention to this matter. If you have any questions please do not hesitate to contact our office.

Yours very truly,



Cindy E. Collins, Paralegal

/cec
Enclosure

**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: 1185 Little Torch Key, LLC

SECOND: The Florida Document number of the limited liability company is: L16000088354

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:

Authorized Person(s): Stevens, Jāmesdon "L", the middle initial should be "D", the corrected name should read

Stevens, Jamesdon D

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.

Signature of Authorized Representative

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)**