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COVER LETTER

Division of Corporations
SUBJECT: The Four Seasons Realty Investments, L 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:
Yonathan Garnelo Name of Person
The four Seasons Realty Investments, LLC Firm/Company
P. O. Box 184 Address
Sydney, FL, 33587 City/State and Zip Code
Je hoyonathan & a mail, com Je-mail address: (to be used for future) annual report notification)
For further information concerning this matter, please call:
Yonathan Garnelo at (813) 420-3825 Name of Person Area Code 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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\bigcup \text{\$30 Filing Fee & Certified Copy} \text{\$55 Filing Fee & Certificate of Status & Certified Copy} \text{\$Certified Copy} \text{\$Certified Copy}
CR2E062 (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 d	locument.
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FIRST:	The name of the limited liability company is: The four Seasons Realty
	Investments, LLC
SECON	The Florida Document number of the limited liability company is: L16000205848
THIRD	Document to be corrected is: Date fold - effective date organization
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
囡	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
	Data filed is recorded as 11/04/2016
	However, it needs to be change to
	1/01/2017 Please make a change to
	However, it needs to be change to 1/01/2017 Please make a change to OR the effective date companies of 1/01/2017
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
	<u>OR</u>
	The electronic transmission of the record was defective. John June 1/23/17 Signature of Authorized Representative Date
_	re of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign agent designation).
I hereby provisio obligati	gistered Agent's Signature, if changing Registered Agent: o accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the ons of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing hange.
	Registered Agent's Signature
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)