

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : DANIEL HICKS, P.A.
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DELLA VISTA FARM, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

per DH 12/14/16
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December 21, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DELLA VISTA FARM, LLC
5960 SE 13 AVENUE
OCALA, FL 34480US

SUBJECT: DELLA VISTA FARM, LLC
REF: L16000219877

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.

Please enter the type of document to be corrected in the third section of the form.

Please indicate on Third: Articles of Organization ✓

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.

Stacey M Warren
Regulatory Specialist II

FAX Aud. #: H16000306859
Letter Number: 516A00027082

FILED
2016 DEC 21 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: DELLA VISTA FARM, LLC

SECOND: The Florida Document number of the limited liability company is: L16000219877

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:

Typographical error in the name of the LLC (Della, should be Bella)

The name of the Limited Liability Company is:

BELLA VISTA FARM, LLC

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

12-19-16
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)