## L16000233070

(Requestor's Name)				
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(Business Entity Name)				
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D. SCOTT JAN 6 2017

## **COVER LETTER**

Division of Co				
SUBJECT: BR	T 10, LLC			
SUBJECT:	1	Name of Limited Liabili	ity Company	
Dear Sir or Madam:				
The enclosed Statemen	t of Correction and fec(s) a	are submitted for filing.		
Please return all corresp	pondence concerning this r	natter to the following:	•	
Bryan Hav	wks, Esq.			
Smith Oro	peza Hawks	DI		
Officer Of O	Firm/Company	, I L		
138-142 S	imonton Stre	eet		
	Address			
Key West,	FL 33040			
	City/State and Zip Code			
	o be used for future annual			17 July 17 17 17 17 17 17 17 17 17 17 17 17 17
	concerning this matter, ple	case can:	206 7227	がある
Bryan Hav	of Person	at ( Area Code	296-7227  Daytime Telephone Number	_ <sup>1993</sup> <b>3</b>
Name	or reison	Area Coue	Daytime Telephone Number	(A)
Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 32.	ns Circle	R D P	MAILING ADDRESS: A segistration Section Division of Corporations O. Box 6327 Fallahassee, Florida 32314	
Enclosed is a check for	r the following amount:			
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & 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 document. BRT 10. LLC **FIRST**: The name of the limited liability company is: The Florida Document number of the limited liability company is: \_ L16000233070 SECOND: **Articles of Organization** Document to be corrected is: THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT X Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Edward P. Toppino, Sr. as Manager is incorrect. Delete that Manager and add the following Manager: Daniel P. Toppino, PO Box 787, Key West, FL 33041 OR П 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. uthorized 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: \$25.00 Certified Copy: \$30.00 (optional)