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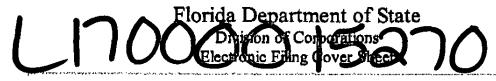
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Division of Corporations



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## COVER LETTER

| TO:  |             | istration Sec<br>ision of Corp |   |              |                      |   |   |  |  |  |
|--|-------------|--------------------------------|---|--------------|----------------------|---|---|--|--|--|
| SUBJE  | CT:         | St. Joseph Realty LLC          |   |              |                      |   |   |  |  |  |
| Name of Limited Liability Company  |             |                                |   |              |                      |   |   |  |  |  |
| Deur Si  | ir or N     | ladam:                         |   |              |                      |   |   |  |  |  |
| The end  | closed      | Statement o                    | of Correction and fee(s) a              | are submit   | ted for filing       | ដូ.   |   |  |  |  |
| Please   | return      | all correspo                   | indence concerning this n               | naller lo li | re following         | g:  |   |  |  |  |
| Ambe   | er Ra       | agland                         |   |              |                      |   |   |  |  |  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | •           |                                | Name of Person                          |              |                      | - ,   |   |  |  |  |
| InCor  | rp Se       | ervices, Ir                    | nc.                                     |              |                      |   |   |  |  |  |
|  | <del></del> |                                | Firm/Company                            |              |                      | -   |   |  |  |  |
| 3773   | Hov         | vard Hugi                      | nes Pkwy Ste 6009                       | 3            |                      |   |   |  |  |  |
|  |             |                                | Address                                 |              |                      | -   |   |  |  |  |
| Las V  | /ega        | s, NV 89                       | 169                                     |              |                      |   |   |  |  |  |
|  |             | Ci                             | ty/State and Zip Code                   |              |                      | •   |   |  |  |  |
| docui  | men         | ts@incorp                      | p.com                                   |              |                      |   |   |  |  |  |
| E  | •mail       | address: (to                   | be used for future annual               | report no    | tification)          | -   |   |  |  |  |
|  |             |                                |   |              |                      |   |   |  |  |  |
| For furt   | ther in     | formation c                    | oncerning this matter, ple              | case call:   |                      |   |   |  |  |  |
| Ambe   | er Re       | agland for                     | InCorp Services, I                      | Inc.         | 702                  | 1   | 866-2500  |  |  |  |
| )  |             | Name o                         | f Person                                | at (         | Area Code            |   | Daytime Telephone Number                                |  |  |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 |             |                                |   |              |                      | MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, Florida 32314 |   |  |  |  |
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## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

|  |   | etion 605.0209, F.S., this document is being submit ame of the limited liability company is: St. Josep   |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|--|
| SECOND:  |   | The Florida Document number of the limited liability company is: L17000015270  |  |  |  |  |  |  |  |  |  |
| THIR   | <u>D</u> :  | Document to be corrected is: Articles of Orga  | anization  |  |  |  |  |  |  |  |  |
|  | ſ   | CHECK THE APPROPRIATE BOX AND CO   | MPLETE THE APPLICABLE STATEMI  | ent  |  |  |  |  |  |  |  |
| ×  |   | Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:   |  |  |  |  |  |  |  |  |  |
|  | Name a  | Name and address of person authorized to manage LLC: Philip Humphry 4848 Artesian Rd. Land O Lakes, FL 34638   |  |  |  |  |  |  |  |  |  |
|  | The las   | he last name was mispelled   |  |  |  |  |  |  |  |  |  |
|  | Name a  | and address of person authorized to manage LLC: F  | Philip Humphrey 4849 Artestan Rd. Lend O L   | akes, FL 34638   |  |  |  |  |  |  |  |
|  | es foli   | efectively signed. The manner in which the documows:  ectronic transmission of the record was defective.  Signature of Authorized Representative   | oent was defectively signed and the appropria  | TOTTECTION ATTECT CONFIGURATIONS  TOTTECTION OF STATE  TOTTECTION OF STA |  |  |  |  |  |  |  |
| New I<br>I here<br>provis<br>obliga<br>reflect | ting the d<br>Registere<br>by accep-<br>tions of a<br>utions of t | ew registered agent, if applicable: (NOTE: if correctes ignation).  d Agent's Signature, if changing Registered Agent: the appointment as registered agent and agree to ill statutes relative to the proper and complete perform position as registered agent as provided for in Ce in the registered office address, I hereby confirm | act in this capacity. I further agree to compl<br>ormance of my duties, and I am familiar with<br>Chapter 605, F.S. Or, if this document is bein | y with the<br>and accept the<br>ig filed to merely   |  |  |  |  |  |  |  |
|  |   | Registered Age   | ent's Signature  |  |  |  |  |  |  |  |  |
|  |   | Filing Fee:<br>Certified Copy:   | \$25.00 (optional)   |  |  |  |  |  |  |  |  |

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