

L17000054673

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3/24/2017

DIVISION OF CORPORATIONS

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2 / 4

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : SNYDER & SNYDER, P.A.
Account Number : I20160000107
Phone : (954)475-1139
Fax Number : (954)475-2634

****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
1015 STILLWATER, LLC

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MAR 27 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **1015 STILLWATER, LLC**

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:

Shawn C. Snyder, Esq.

Name of Person

Snyder & Snyder, P.A.

Firm/Company

7931 Orange Drive

Address

Davie, Florida 33328

City/State and Zip Code

corp@snyderlawpa.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Yani Riveron, FRP

954

475-1139

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cannon Building
2661 Executive Center Circle
Tallahassee, Florida 32310

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$2.00 Filing Fee

☐ \$30.00 Filing Fee &
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CP28037 (7/15)

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**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: 1015 STILLWATER, LLC

SECOND: The Florida Document number of the limited liability company is: L17000054673

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:

Article IV shall be updated to reflect the following additional persons as Managers:

Russell Fabisch, 1000 N.W. 14th Street, Miami, Florida 33136

Michael Bookman, 1000 N.W. 14th Street, Miami, Florida 33136

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

- ☐ The document was signed in a defective manner.

 3/19/2017
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 correct a defect in the previously filed document, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent Signature

Notarizing Fee
(optional)

\$25.00
\$30.00 (optional)

C320042 (9/15)

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