

**L17000134527**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H17000197950 3)))



H170001979503ABC6

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6393

From:

Account Name : ARNSTEIN & LEHR LLP  
Account Number : 120060000021  
Phone : (561)833-9800  
Fax Number : (561)655-5551

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2017 JUL 28 AM 11:09  
FILED  
TALLAHASSEE, FLORIDA

RECEIVED  
2017 JUL 28 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TDD CRYSTAL COURT DEVELOPERS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

BRUCE  
JUL 31 2017

((H17000197950 3)))

**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: TDD CRYSTAL COURT DEVELOPERS, LLC

**SECOND:** The Florida Document number of the limited liability company is: L17000134527

**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:

The initial Manager was inadvertently and unintentionally omitted  
from the Articles of Organization. The following Manager should be added:  
Charles Treister, 1624 Micanopy Avenue, Miami, Florida 33133

**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

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

((H17000197950 3)))

**Filing Fee:  
Certified Copy:**

**\$25.00  
\$30.00 (optional)**

**FILED**

2017 JUL 28 A 11:00  
TALLAHASSEE, FL