

Florida Department of State
 Division of Corporations
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L17000200950

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(((H22000291590 3)))



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To: Division of Corporations
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From: Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,
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P.A.

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

Email Address: _____

2022 AUG 29 AM 9:04

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GILBY CAPITAL, LLC

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

2022 AUG 29 AM 9:04
 APPROVED AND FILED
 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: Gilby Capital, LLC

SECOND: The Florida Document number of the limited liability company is: L17000200950

THIRD: Document to be corrected is: Amendment to 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 Amendment to Articles of Organization for the LLC inadvertently referenced INERTIA Care, LLC.

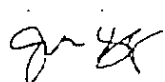
The reference to INERTIA Care, LLC should be 1600 Dr. MLK, LLC.

OR

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

OR

The _____ nission of the record was defective.



Signature of Authorized Representative

8/29/2022
Date

2022 AUG 29 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED

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)