

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.

((H18000333338 3)))



H180003333383ABC%

**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) 617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHABEFF & PATTERSON  
Account Number : 120060000135  
Phone : (305) 789-3200  
Fax Number : (305) 789-4137

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

Email Address: LWong@apmanagement.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
APC QUAIL ROOST I DEVELOPMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. CLINE

NOV 21 2018

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, P.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: APC QUAIL ROOST I DEVELOPMENT, LLC

**SECOND:** The Florida Document number of the limited liability company is: L17000233042

**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:

Due to a scrivener's error, Article V of the Articles of Organization incorrectly states the name of the manager is APCHD MM II Inc.

The corrected Article V is as follows: The management of the Company shall be vested in a manager. The name and address

of the initial manager of the Company is: Howard D. Cohan, 1025 Kane Concourse, Ste 215, Bay Harbor Islands, FL 33154.

**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

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)