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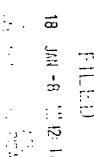
| (Re                                     | questor's Name)   |             |  |  |  |  |  |  |
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## **COVER LETTER**

| то:   |            | ation Sec<br>n of Corp |                          |                 |                |  |  |  |  |
|---|------------|------------------------|--------------------------|-----------------|----------------|--|--|--|--|
| SUBJE   | ст: Д      | JC I                   | BERNA PF                 | ROPE            | RITE           | S  |  |  |  |
|   |            |                        |                          | Name of L       | imited Liab    | ility  | Company  |  |  |
| Dear Sit  | or Mad     | am:                    |                          |                 |                |  |  |  |  |
| The enc   | losed Sta  | ntement o              | f Correction and fee(s)  | ) are submit    | ted for filing | <b></b> .  |  |  |  |
| Please r  | eturn all  | correspo               | ndence concerning this   | s matter to the | ne following   | ζ:   |  |  |  |
| LES   | STE        | RG                     | KATES, E                 | ESQ.            |                | _  |  |  |  |
|   |            |                        | Name of Person           |                 |                |  |  |  |  |
| LESTER G. KATES, P.A.   |            |                        |                          |                 |                |  |  |  |  |
| 005   |            | . –                    | Firm/Company             |                 |                |  |  |  |  |
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| ~~  |            | <b>Ω</b> Δ             | Address                  | 0046            | . 4            |  |  |  |  |
| <u>CO</u>   | KAL        |                        | BLES, FL                 | 331             | 34             | -  |  |  |  |
| 1 . 1   |            |                        | ty/State and Zip Code    |                 |                |  |  |  |  |
| E-mail address: (to be used for future annual report notification)  |            |                        |                          |                 |                |  |  |  |  |
| 1,5-  | man ngo    | 1633. (10              | be used the fatter and   | m report ne     | (iii)          |  |  |  |  |
| For furt  | her infor  | mation co              | oncerning this matter, p | please call:    |                |  |  |  |  |
|   |            |                        |                          |                 |                | , 4  | 45-4506  |  |  |
| •   |            | Name o                 | f Person                 | at (_           | Area Code      | _/   | Daytime Telephone Number   |  |  |
| Registration Section Division of Corporations Clifton Building      |            |                        |                          |                 |                | Reg<br>Div<br>P.O                                      | ALING ADDRESS:<br>distration Section<br>dision of Corporations<br>dispersion Box 6327<br>dahassee, Florida 32314 |  |  |
| Enclose   | ed is a cf | eck for                | the following amount     | :               |                |  |  |  |  |
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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: AJC BERNA PROPERITES, LLC The Florida Document number of the limited liability company is:  $\underline{L17000260969}$ SECOND: Document to be corrected is: ARTICLES OF ORGANIZATION THIRD: (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: NAME OF LLC WAS ENTERED INCORRECTLY WITH A MISSPELLING. THE CORRECT SPELLING OF SAID LLC SHOULD BE CORRECTED AS FOLLOWS: AJC BERNA PROPERTIES, LLC.  $\underline{OR}$ 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 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

Thereby 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)