L17000261922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

400291815634

10/22/18--01020--006 **25.00

FILED
2018 OCT 29 A 9:38
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2018

MATHEW G SIMONS , 2ND REQUEST
14010 APPALACHIAN TRL
DAVIE, FL 33325

SUBJECT: THE FOUNDRY REALTY GROUP, LLC
Ref. Number: L17000261922

We have received your document for THE FOUNDRY REALTY GROUP, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you're changing the Registered agent to another individual please indicate that on the application, also if you're changing the authorized person also change it on the application.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

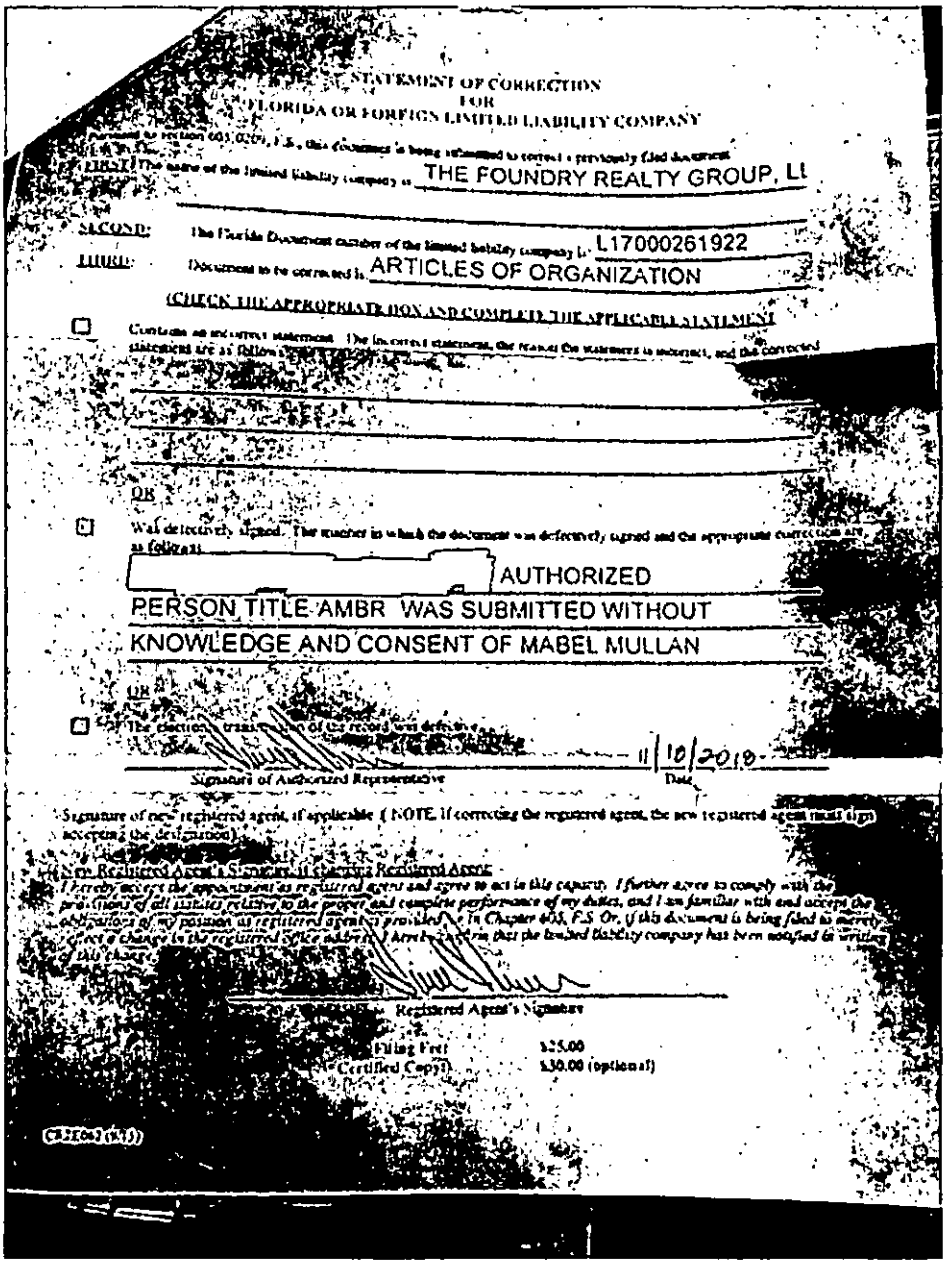
Dionne M Scott
Regulatory Specialist II

Letter Number: 518A00022475

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

FILED
2018 NOV 29 A 9:38



STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0205, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is THE FOUNDRY REALTY GROUP, LL

SECOND: The Florida Document number of the limited liability company is L17000261922

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:

OR

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

AUTHORIZED PERSON TITLE AMBR WAS SUBMITTED WITHOUT KNOWLEDGE AND CONSENT OF MABEL MULLAN

OR

☐ The electronic transmission of the record was defective.

Signature of Authorized Representative — 11/10/2019
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 relating 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 effect 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)

CR2E063 (01/19)

FILED
2019 NOV 22 A 9:38