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S. WARREN 'JAN 12 2018

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Big Bend P	roperty Serv	ices, L.L.C	
	Name of Limite	ed Liability Company	
Dear Sir or Madam:			
The enclosed Statement of Correction	and fee(s) are submitted fe	or filing.	
Please return all correspondence conce	rning this matter to the fo	llowing:	
Naomi Baratko			
Name of Per	ion	<del></del>	
Firm/Compa	ny		
32 Sunrise Lane			
Panacea, FL 323			
Naomi.baratko@g	gmail.com	tion)	
For further information concerning this	matter, please call:		
Naomi Baratko	<sub>at (</sub> 81	3 360-8969  Daytime Telephon	}
Name of Person	Area	Code Daytime Telephon	ie Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRES Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 3	ons
Enclosed is a check for the following	amount:		
		ng Fee & S60 Filing Fo opy Certificate of Sta Certified Copy	

CR2E062 (9/15)

## 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.

FIRS'	<b>I</b> ': The na	ame of the limited liability company is: Big Ber	nd Property Services, L	L.C
	_			
SECC	<u> </u>	The Florida Document number of the limited liabi	L180000792	!1
THIR	<u>D</u> :	Document to be corrected is: L18000007	921	
	(	CHECK THE APPROPRIATE BOX AND COM	PLETE THE APPLICABLE STATEMI	<u>ENT</u>
Ø		ins an incorrect statement. The incorrect statement, then are as follows:	he reason the statement is incorrect, and th	e corrected
	The	spelling of the newly formly LLC is i	ncorrect on the document.	
	The	e correct name is listed above	e e	
	<u>OR</u>		25)	· <u></u>
	Was d as follo	efectively signed. The manner in which the docume ows:	nt was defectively signed and the approprig	ite comection are
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	<u>OR</u>			
	The el	ectronic transmission of the record was defective.		
	1	Signature of Authorized Representative	1-11-281 \ Date	6
		ew registered agent, if applicable :( NOTE: if correct lesignation).		agent must sign
I here provis obliga reflect	by acceptions of a tions of a	d Agent's Signature, it changing Registered Agent: the appointment as registered agent and agree to a ll statutes relative to the proper and complete performy position as registered agent as provided for in Clee in the registered office address. I hereby confirm to	mance of my duties, and I am familiar with apter 605, F.S. Or, if this document is bein	and accept the ig filed to merely
		Registered Ager	it's Signature	
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	