L18000037401

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.

(((H18000078226 3)))

H180000782263ABC1

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

FILED
18 MAR -9 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PATMAX PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$25.00

RECEIVED
2018 MAR -9 PM 4:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

S. WARREN
MAR 13 2018

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: PATMAX PROPERTIES LLC

SECOND: The Florida Document number of the limited liability company is: L18000037401

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATIONS

(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 NAME OF THE MANAGER IS:
CAMPO E. PAEZ MAAL

OR

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

THE CORRECT NAME OF THE MANAGER IS:
CAMPO ELIAS PAEZ

OR

☒ The electronic transmission of the record was defective.

Signature of Authorized Representative — Date: 3/9/18

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

FILED
18 MAR -9 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E062 (9/15)