

L18000038661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

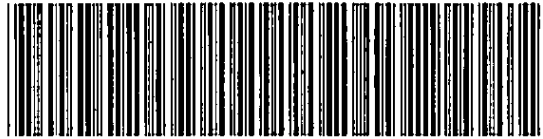
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400311299234

04/02/18--01026--020 \*\*25.00

FILED

18 APR -2 PM 1:52

SECRETARY OF STATE  
MAIL ROOM  
1010010

K. SALY

APR 3 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **DOT MORTGAGE COMPANY LLC**

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Curran K. Porto**

Name of Person

**Curran K. Porto, P.A.**

Firm/Company

**410 S. Ware Blvd., Suite 105**

Address

**Tampa, FL 33619**

City/State and Zip Code

**curran@portolegalcenter.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Curran K. Porto**

at (

**813**

**626-0088**

Name of Person

Area Code

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (9/15)

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

FILED  
18 APR -2 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: DOT MORTGAGE COMPANY LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000038661

**THIRD:** Document to be corrected is: Article V of the Article 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:

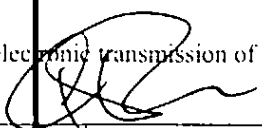
The Address was incorrectly typed as "323 Sunnay Isles Blvd.", but should have been  
"323 Sunny Isles Blvd."

**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

3/27/18  
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)