

L18000095458 3013

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1539

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

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LLC AMND/RESTATE/CORRECT OR MMG RESIGN PASS II LLC

Certificate of Status	1
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

MAR 27 2019
J. HARRIS

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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: Pass II LLC

SECOND: The Florida Document number of the limited liability company is: L18000073013

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:

See attachment

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.

Jenisa Irizarry Jenisa Irizarry, Attorney-in-Fact 3/26/2018
Signature of Authorized Representative 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)

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TALLAHASSEE FLORIDA

Attachment

Article II. The street and mailing address of the Company's initial principal office is misspelled.

The correct street and mailing address of the Company's initial principal office is: 8909 Via Brillante, Wellington, FL 33411

Article III. The street address of the Company's registered agent is misspelled.

The correct street address of the Company's registered agent is: 8909 Via Brillante, Wellington, FL 33411

Article IV. The address of the manager is misspelled.

The correct street address of the Company's manager is: 8909 Via Brillante, Wellington, FL 33411

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