

L1800079120

Florida Department of State
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ASTORIA SLS, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

(((H18000107885 3)))

SUBJECT: ASTORIA SLS, 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:

Olga I. Galanter, Esq.

Name of Person

Snyder & Snyder, P.A.

Firm/Company

7931 Orange Drive

Address

Davie, Florida 33328

City/State and Zip Code

corp@snyderlawpa.com

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

For further information concerning this matter, please call:

Olga I. Galanter, Esq.

Name of Person

at 954

Area Code

475-1139

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 &
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TALLAHASSEE, FLORIDA

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY** (((H18000107885 3)))

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: ASTORIA SLS, LLC

SECOND: The Florida Document number of the limited liability company is: L18000079120

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:

Please see attached Exhibit "A".

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

Olga I. Galanter, Esq., authorized rep. for Olga Mirer, Manager

Date

4/5/18

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

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)

(((H18000107885 3)))

Exhibit "A"
to Statement of Correction for
ASTORIA SLS, LLC
Document No.: L18000079120

((H18000107885 3)))

Incorrect statement: The Articles of Organization reflect the name of the Company as **ASTORIA SLS, LLC**.

Reason: The Articles of Organization should not reflect **ASTORIA SLS, LLC** as the name of the Company.

Correct statement: The Articles of Organization should reflect the name of the Company as **ASTORIA OMS, LLC**.

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