# 118000124535

(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



200317316472

WH 11: 49

8

FILED

ONS AUG 2 - 2018

## CT Corp.

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

**Date:** 8/17/2018

	Acc#120160000072				
Name:	2599 NW 55th Avenue Operations, LLC				
Document #:					
Order #:	11119593				
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good	ATTENTION MS. SIMMONS OR BRITTNEY PER KATHY WIDDOES				
Standing:					
Apostille/Notarial Certification:	Country of Destination: Number of Certs:				
Filing:	Certified: Plain: COGS:				
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 55.00				

Thank you!

### **COVER LETTER**

TO:

TO:	Registration S Division of C			
SUBJE	ст: 2599 ì	NW 55th Avenue Opera	tions, LLC	
		N	ame of Limited Liabi	lity Company
Dear Si	r or Madam:			
The end	losed Statemer	nt of Correction and fee(s) ar	e submitted for filing	
Please 1	eturn all corres	spondence concerning this m	atter to the following	:
Russe	Il Silver-Fag	gan		
		Name of Person		•
Skade	den, Arps, Si	late, Meagher & Flom L	.LP	
	-	Firm/Company		
4 Tim	ies Square			
		Address		
New	York, NY 10		<u>-</u>	_
		City/State and Zip Code		
russe	ll.silver-faga -mail address:	n@skadden.com (to be used for future annual	report notification)	-
For fur	ther informatio	n concerning this matter, plo	ease call:	
Russe	ell Silver-Fag		at (212	) 735-3551
	Nan	ne 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	
Enclos	sed is a check t	for the following amount:		
<b>\$2</b> :	5 Filing Fee	S30 Filing Fee & Certificate of Status	\$55 Filing Fee Certified Copy	& S60 Filing Fee, Certificate of Status & Certified Copy
CR2E	062 (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. FIRST: The name of the limited liability company is: 2599 NW 55th Avenue Operations, LLC The Florida Document number of the limited liability company is: 118000124535 SECOND: Document to be corrected is: Articles of Organization for 2599 NW 55th Avenue Operations, LLC THIRD: (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 X statement are as follows: Document failed to include the post effective date of 05/24/18. <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are  $\Box$ as follows: OR The electronic transmuston of the record was defective.  $\Box$ Signature of Authorized Representative 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 \$30.00 (optional) Certified Copy: