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.

(((H18000195660 3)))



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 : WARD, DAMON & POSNER, P.A.

Account Number : 072262000447 : (561)842-3000

Fax Number : (561)842-3626

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

Email Address:

ഥ

B

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MWPA REALTY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

2.001

(MO)

STATEMENT OF CORRECTION FLORIDA OR FOREIGN LIMITED LIABILITY COMPAN

	STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY
	at to section 605.0209, F.S., this document is being submitted to correct a previously filed document. The name of the limited liability company is: MWPA REALTY, LLC
SECO THIRI	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: The first name of the Manager is incorrect. Marshall Weidenfeld should read Marshal Weidenfeld. OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are
	OR The electronic transmission of the record was defective.
Signati	Signature of Authorized Representative Date The street of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign
New R I hereb provisi obligat reflect	the designation). Egistered Agent's Signature, if changing Registered Agent: by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the const of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the ions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing change.

THIR	Document to be corrected is: Articles of Organization	
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	
X	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:	
	The first name of the Manager is incorrect. Marshall Weidenfeld should read Marshal Weidenfeld.	
	<u>OR</u>	
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:	
	<u>OR</u>	
	The electronic transmission of the record was defective.	
	Signature of Authorized Representative Date	
	are of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign ing 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: S25.00 Certified Copy: \$30.00 (optional)	