01:51:30 p.m. 954 enartme ivision of Corporation Electronic Filing Cover Sheet

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(((H18000201745 3)))



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To:	Division of Corporations Fax Number : (850)617-6383	, , 	18	
From:	Account Name : SNYDER & SNYDER, P.A. Account Number : I20160000107 Phone : (954)475-1139 Fax Number : (954)475-2634		JUL 11 AN S	FILED
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	COVER LET	TER	(((H18000201745 3)))
TO: Registration Section Division of Corporations			(((
Violet 2103, LLC			• • <i>·</i>
Na	ame of Limited Liabili	у Сотралу	
Dear Sir or Madam:			
The enclosed Statement of Correction and fee(s) are	e submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
William A. Snyder, 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, ple	ase call:		
William A. Snyder, Esq	_{¤(}	475-1139	
Name of Person	Area Code	Daytime Telephone N	umber
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Ĩ	MAILING ADDRESS: Registration Section Division of Corporations 2.O. Box 6327 Fallahassee, Florida 3231	
Enclosed is a check for the following amount:		_	
S25 Filing Fee S30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	& S60 Filing Fee, Certificate of Status Certified Copy	& (((H 18 000201745 3)))

CR2E062 (9/15)

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	STATEMENT OF CORRECTION FOR (((H18000201745 3))) FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY
	t 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: Violet 2103, LLC
<u>secon</u> Third	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:
	Please see attached Exhibit "A"
	<u>OR</u> 23
	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 Adelaida C. Bailey, Manager e of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign g the designation).
<u>New Re</u> I hereby provisio obligatio	gistered Agent's Signature, if changing Registered Agent; accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ns of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the ons of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely change in the registered office address, I hereby confirm that the limited liability company has been notified in writing

Registered Agent's Signature

(((H180002017453)))

Filing Fee: Certified Copy: \$25.00 \$30.00 (optional)

(((H180002017453)))

Exhibit "A" to Statement of Correction for VIOLET 2103, LLC Document No.: L18000155782

Incorrect statement: The Company's Articles of Organization reflect a scrivener's error in the name of the Manager.

Reason: The Articles of Organization reflect a scrivener's error in the name of the Manager.

Correct statement: The Articles of Organization should be corrected to reflect the correct spelling of the Manager's name which is MICHEL A. MANASSA, JR.

60 FILED 9:23