218000164561

(Requestor's N	ama)
(Keduesioi s N	arrie)
(Address)	
,	
(Address)	
(City/State/Zip/	Phone #)
PICK-UP WA	fT MAIL
(Business Enti	ty Name)
(Document Nu	mber)
Certified Copies Certi	ficates of Status
Special Instructions to Filing Office	er:

Office Use Only



800316133938

08/17/18--01013--002 **25.00

TANGE TO BE STATE

raitours) do trumeto K

AUG 2 8 2018

D CUSHING

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT:	MB 23	w5 LCC	Company
	.,,	ame of Emmed Elability	Company
Dear Sir or Madam:			
The enclosed Statement of	of Correction and fee(s) are	e submitted for filing.	
Please return all correspo	ndence concerning this ma	atter to the following:	
Nicho/s	Name of Person		
	Firm/Company		
900 Bis	Cayne B/b/	! \$5708	
M/RM! FC 33/32 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Nicholas -	Trayis	at (_30 <u>1)</u>	2 53-3396 Daytime Telephone Number
Name o	l Person	Area Code	Daytime Telephone Number
STREET/COURIER AS Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230	ircle	Rey Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314
Enclosed is a check for the following amount:			
\$25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy

TE AUG 17 PM L: 42

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: MB 2305, LLC The Florida Document number of the limited liability company is: 618000164566 SECOND: Document to be corrected is: Articles of 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 statement are as follows: as Nick Travil should be changed <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction as follows: <u>OR</u> The electronic transmission of the record was defective. 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

Certified Copy:

\$30.00 (optional)