

# L18000273451

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

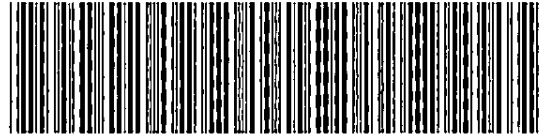
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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L18-273451

12/07/18--01018--006 \*\*60.00

2018 DEC -7 PM 12:24  
TALLAHASSEE, FLORIDA

2018 DEC -7 PM 1:04  
TALLAHASSEE, FLORIDA

N. CAUSSEAU  
DEC - 7 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **SECOND HALF PROPERTIES FOUR 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:

**JOSEPH W FRANZ**

Name of Person

**SECOND HALF PROPERTIES**

Firm/Company

**200 2ND AVE. S. #480**

Address

**ST. PETERSBURG, FL 33701**

City/State and Zip Code

**SECONDHALFPROPERTIES@GMAIL.COM**

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

For further information concerning this matter, please call:

**JOSEPH W FRANZ**

Name of Person

at **813 928-5530**

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

**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: SECOND HALF PROPERTIES FOUR LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000273451

**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:

Effective Date was entered incorrectly.

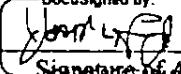
Correct Effective Date is December 10th, 2018.

**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.

DocuSigned by: 	12/6/2018
Signature of Authorized Representative	Date

FILED  
2018 DEC 10 PM 1:04  
TALLAHASSEE  
FLORIDA  
CLERK OF CIRCUIT COURT

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

<b>Filing Fee:</b>	<b>\$25.00</b>
<b>Certified Copy:</b>	<b>\$30.00 (optional)</b>