

L18000254719

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

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

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ALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

LED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
REVA KAY OAKVIEW, LLC

RECEIVED

DEC 14 2018

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$60.00

DEC 17 2018

A. LUNT

**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: REVA Kay Oakview, LLC

SECOND: The Florida Document number of the limited liability company is: L18000284719

THIRD: Document to be corrected is: Articles of Organization for a Florida LLC

(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 incorrect statement is the name of the entity listed in Article 1.

The reason the statement is incorrect is that the entity name is wrong.

The entity name listed in Article 1 should be REVA OAKVIEW, LLC

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.

12/14/2018

Signature of Authorized Representative

Date

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TALLAHASSEE, FLORIDA

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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)