

# L190000018783

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

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

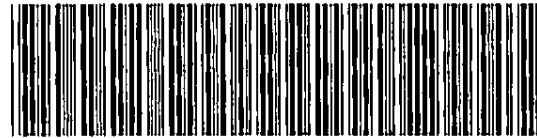
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(Document Number)

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2019 FEB 26 AM 8:09  
TAMPA  
FLORIDA  
CLERK OF COURT

C. GOLDEN

MAR 11 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **SMB G-IV IV, 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:

**Alicia Medina**

Name of Person

**Jarvis & Associates, P.A.**

Firm/Company

**1550 Madruga Avenue, # 220**

Address

**Coral Gables, Florida 33146**

City/State and Zip Code

**am@jarvislaw.com**

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

For further information concerning this matter, please call:

**Alicia Medina**

Name of Person

**305**

Area Code

**448-4848**

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**

**FILED**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

2019 FEB 26 AM 8:10

**FIRST:** The name of the limited liability company is: SMB G-IV IV, LLC

STATE OF FLORIDA  
TALLAHASSEE, FL

**SECOND:** The Florida Document number of the limited liability company is: L19000018783

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

The name of the second Manager was mistakenly entered  
wrong. The second Manager name should be listed as Seth  
Bernstein, not Dan Bernstein.

**OR**

- ☐ The electronic transmission of the record was defective.

*Daniel B. Hebert*

Signature of Authorized Representative

02.14.2019

Date

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)