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Office Use Only



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SECRETARY OF STATE

MAR 2 8 2939 T. LEMMEUX

## **COVER LETTER**

_	TO: Registration Section Division of Corporations							
SUBJECT:	Gardens Gardens, LLC							
		N	ame of Limited Liabili	ty Company				
Dear Sir or M	fadam:							
The enclosed	Statement of	f Correction and fee(s) ar	re submitted for filing.					
Please return	all correspo	ndence concerning this m	atter to the following:					
Adrier	ne Jef	ferson						
		Name of Person						
Gafdens Gardens, LLC								
· · · · · · · · · · · · · · · · · · ·	· · · · · ·	Firm/Company						
2107 North 41st Street								
		Address						
Fort Pierce, Florida 34946								
City/State and Zip Code								
ablakely803@gmail.com								
E-mail address: (to be used for future annual report notification)								
For further in	formation co	oncerning this matter, ple	ase call:					
Adriene Jefferson			772	979-1523				
	Name of	Person	Area Code	Daytime Telephone Number				
STREET/CO		MAILING ADDRESS:						
Registration S Division of C				Registration Section Division of Corporations				
Clifton Building				P.O. Box 6327				
Z661 Executi Tallahassee,		allahassee, Florida 32314						
Enclosed is a	check for t	he following amount:						
S25 Filing	g 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 li	mited liability company is: Garde	ns Gardens LLC	···
SECON THIRD	Document	la Document number of the limited liai to be corrected is: Florida Limited liai HE APPROPRIATE BOX AND COM	ed Liability Company	· ·
X	Contains an incorrstatement are as fo	ect statement. The incorrect statement llows: ange the entity name	the reason the statement is inceed to Small Garde	orrect, and the corrected
		rect name is Garden  v the reason unless the ele		
	OR Was defectively signs follows:	gned. The manner in which the docum	ent was defectively signed and	the appropriate correction are
	OR The electronic tran	smission of the record was defective.	ALL MASSEL FLU	
	Mr	cere felles	XV - 3	3-13-19
accepting  New Reg  I hereby  provision  obligatio	e of new registered g the designation).  gistered Agent's Signacept the appoint in so fall statutes relians of my position a change in the regis	e of Authorized Representative agent, if applicable :( NOTE: if correct mature, if changing Registered Agent: nent as registered agent and agree to a tive to the proper and complete perfos registered agent as provided for in Catered office address, I hereby confirm	act in this capacity. I further ag rmance of my duties, and I am j hapter 605, F.S. Or, if this doci	w registered agent must sign  ree to comply with the  familiar with and accept the  ument is being filed to merely
	_	Registered Age	nt's Signature	
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	

\$30.00 (optional)