

L190000 86988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

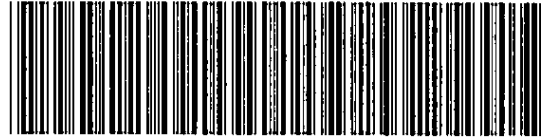
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

12th

Filed per 605.0209(5)

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2019 APR 12 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FL

LLC  
Statement  
of  
Correction

04/17/19  
DC

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **20474 LARINO LOOP 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:

**David A. Burt**

Name of Person

**Burt Legal Services, P.A.**

Firm/Company

**10600 Chevrolet Way, Suite 103**

Address

**Estero, FL 33928**

City/State and Zip Code

**David@BurtLegalServices.com**

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

For further information concerning this matter, please call:

**David A. Burt**

Name of Person

**239**

Area Code

**244-1214**

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

No Fee per Fla. Stat. Sec. 606.0209(5).  
CR2E062 (9/15)

**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: 20474 LARINO LOOP LLC

**SECOND:** The Florida Document number of the limited liability company is: L19000086988

**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:

The name and address of the second Manager was inadvertently omitted. Please add  
the following as an additional Manager of the Company:

First Name: Kavita; Last Name: Panday; Address: 20555 Larino Loop, Estero, FL 33928

**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.

[Signature] Attorney  
Signature of Authorized Representative

4/8/2019  
Date

**FILED**  
2019 APR 12 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

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)