

REQUEST ORIGINAL SUBMISSION DATE 10-9-2020

L19000166234

Florida Department of State

Division of Corporations
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Email Address: G.Cohen@shutts.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PC-CABANA, LLC**

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October 12, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PC-CABANA, LLC
9400 S DADELAND BLVD STE 100
MIAMI, FL 33156

SUBJECT: PC-CABANA, LLC
REF: L19000166234

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H20000353043
Letter Number: 020A00020004

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**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: PC-CABANA, LLC

SECOND: The Florida Document number of the limited liability company is: L19000166234

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:

Article I : Incorrect: PC-CABANA, LLC Correct: PC-CABANA LLC

Comma incorrectly placed after Cabana and before 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.



10-9-2020

Signature of Authorized Representative

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)

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