

L19000226464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

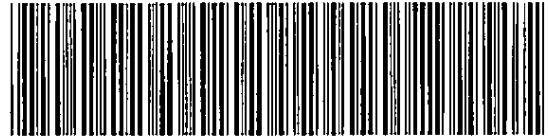
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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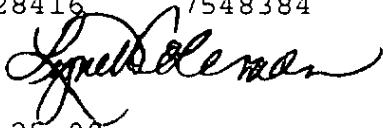
500334531145

FILED
19 SEP 19 PM 11:30
TAMPA, FLORIDA

19 SEP 19 PM 4:12

K SAIY
SEP 19 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 928416 7548384
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : September 19, 2019
ORDER TIME : 3:55 PM
ORDER NO. : 928416-005
CUSTOMER NO: 7548384

DOMESTIC AMENDMENT FILING

NAME: COHLOBSTER, LLC

EFFECTIVE DATE:

XX___ ARTICLES OF AMENDMENT
___ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY
XX___ PLAIN STAMPED COPY
___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cohlobster, 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:

MARK DOMASH

Name of Person

COHLOBSTER, LLC / JUPITER LAKE PROPERTIES / PARK ST MANAGEMENT

Firm/Company

844 ALTON ROAD SUITE 3

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

MDOMASH@PARKSTM.COM

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

For further information concerning this matter, please call:

MARK DOMASH

Name of Person

at (786) 216-7300

Area Code

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**

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: Cohlobster, LLC

FILED
19 SEP 19 PM 11:30
TALLAHASSEE, FLORIDA

SECOND: The Florida Document number of the limited liability company is: L19000226464

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 manager of the LLC was listed incorrectly: The Manager is
Juniper Lane Properties, L.P.
844 Alton Road, Suite 3 Miami Beach, FL 33139

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 of Authorized Representative

Date

9/19/19

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)