L19000236185

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COVER LETTER

TO: Registration Section Division of Corporations IRONSTONE MIDTOWN CONDOS, 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: Mitchell Riback Name of Person Firm/Company 5695 Vintage Oaks Circle Address Delray Beach, FL 33484 City/State and Zin Code propertyoperate@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mitchell Riback Name of Person Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: S25 Filing Fee S30 Filing Fee & \$55 Filing Fee & **⊠** \$60 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy

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 i	name of the limited liability company is:				
<u>SECO</u>	ity company is: L1900023618	35				
THIRD: Document to be corrected is: Articles of Organization						
		(CHECK THE APPROPRIATE BOX AND COMI	PLETE THE APPLICABLE STATEM	ENT		
×		ains an incorrect statement. The incorrect statement, the ment are as follows:	he reason the statement is incorrect, and the	ne corrected		
	The inc	The incorrect statment is: Mitchell Riback and Norman Riback are Managers. The reason it is incorrect is: Mitchell Riback and Norman Riback are not Managers of the LLC.				
	Th	e corrected statements are a	s follows:			
	Iransta	one Midtown Condos. LLC is managed by its sola member, fronstone Village, L.L.C., wi	th an address of PO Box 101, Livingston, NJ 07039.			
	<u>OR</u>					
		defectively signed. The manner in which the documer llows:	nt was defectively signed and the ap, pri	1006102		
				_		
	<u>OR</u>			့ မှု		
	The o	electronic transmission of the record was defective.	10/10/19	•		
		Signature of Authorized Representative	Date			
		new registered agent, if applicable :(NOTE: if correcting designation).	ng the registered agent, the new registered	l agent must sign		
I hereb provisi obligat	y acce ons of ions of a chan	red Agent's Signature, if changing Registered Agent: pt the appointment as registered agent and agree to acall statutes relative to the proper and complete perform from the provided for in Change in the registered office address, I hereby confirm the	nance of my duties, and I am familiar with apter 605, F.S. Or, if this document is bei	n and accept the many filed to merely a		
Registered Agent's Signature						
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			