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COVER LETTER

Division of	n Section f Corporations				
	Properities, LLC				
SUBJECT.	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Staten	nent of Correction and fee(s) a	are submitted for filin	g.		
Please return all cor	respondence concerning this i	natter to the following	g:		
Andre Powell					
	Name of Person		_		
Obasi Properties, Ll	LC				
	Firm/Company	·····	_		
6494 Marbella Driv	e				
	Address		_		
Naples, FL 34105					
······································	City/State and Zip Code		-		
andrepowellsr@gm	ail.com				
E-mail address	s: (to be used for future annua	report notification)	_		
For further informat	ion concerning this matter, pl	ease call:			
Andre Powell		262	649-7044		
Na	ame of Person	at (Area Code	Daytime Telephone Number		
Division P.O. Box	ion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
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

	nt to section 605.0209, F.S., this document is being submitted to correct a previously filed document. Characteristic Company is: Obasi Properities, LLC	<u> </u>
SECO THIR	Articles of Incorporation	
×	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and t statement are as follows: The name of the company on the Articles of Incorporation is mispelled. The mispelled and incorrect name Properities, LLC. The corrected spelling is Obasi Properties, LLC.	he corrected
Ø	Was defectively signed. The manner in which the document was defectively signed and the appropriate follows:	iate correction ar
Ø	OR The electronic transmission of the record was defective. Signature of Authorized Representative Date	
New F I herei provis obliga reflect	ure of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered ing the designation). Registered Agent's Signature, if changing Registered Agent: by accept the appointment as registered agent and agree to act in this capacity. I further agree to complete performance of my duties, and I am familiar with the standard of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is be a change in the registered office address. I hereby confirm that the limited liability company has been change. Registered Agent's Signature	oly with the th and accept the ing filed to merel

Filing Fee: \$25.00 Certified Copy: \$30.00

\$30.00 (optional)