

L19000295394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

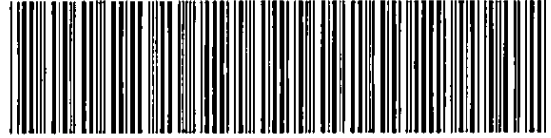
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/12/19--01004--017 **25.00

19 DEC 12 PM 1:24

2019 DEC 12 AM 10:16
TALLAHASSEE, FLORIDA

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K. SALY
DEC 13 2019

	Advanced Incorporating Service
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Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY	
Hammock Ridge	
Crossingshot 2 LLC	
	FOR OFFICE USE ONLY

PICK ONE:

CERTIFIED COPY ☒ PHOTOCOPY ☐ C.U.S.

FILING:

☐ CORPORATION ☐ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP
☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☐ AMENDMENT
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN
☒ OTHER Correction

RETRIEVAL:

____GOOD STANDING CERT/C.U.S. ____CERTIFIED COPY ____PHOTOCOPY
Of _____

APOSTILLE/CERTIFICATION REQUEST:

Country_____

Amount of Documents

DATE 12/12/19 TIME

Notes: _____

**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: Hammock Ridge Crossings Lot 2 LLC

SECOND: The Florida Document number of the limited liability company is: 619000295394

THIRD: Document to be corrected is: Articles of Organization, name of the LLC

(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 of the LLC is incorrect

The correct name is Shoppes at Hammock Ridge Crossings Lot 2, 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.

[Signature]
Signature of Authorized Representative

12/12/19
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)**