## Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000009505 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will concern another cover sheet

	То	:	Division of Co Fam Number	rporat : (85	ions 0)617-6383					
P.A.	From:		Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & !							& MU
. A.	29	-·· (	Account Number Phone Fax Number	: 076 : (81 : (81	424003301 3)223-7474 3)227-0435		1	9-3029	/ DMO.	202
	**Enter the email address for this business entity to be used for future cannual report mailings. Enter only one email address please.**								2020 JAN -	
: •	<b>6-</b> ₩	Emai:	l Address:							-9 PH
,	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIRACLE HOUSE PROPERTIES, LLC									
!**		) L						SIGN		: i 9

Page Count \$25.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

Y SHIKER

Jan 1 U 2029

(((H20000009505 3)))

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursua	nt to sect	ion 605.0209, F.S., this document is being submitte	d to correct a previously filed doc	ument.					
triner		me of the limited liability company is: Miracle Hous	e Properties, LLC						
FIRST	_: The na	ne of the finited flabinty company is:		<del>,</del>					
<u>SECO</u>	- <u>ND:</u>	The Florida Document number of the limited liab	L20000002662						
THIRI	D.	Document to be corrected is:	ion						
THIR	_								
	(6	THECK THE APPROPRIATE BOX AND COM	IPLETE THE APPLICABLE ST	ATEMENT					
Ø	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:								
	Article II of the Articles of Organization incorrectly stated the wrong principal office address. The correct								
	princip	al office address of the LLC should be: 330 SW 27th	Street, Gainesville, FL 32607						
	<u>-                                    </u>			· · · · · · · · · · · · · · · · · · ·					
			<u> </u>						
	<u>OR</u>								
Ø	Was de	efectively signed. The manner in which the docume	ent was defectively signed and the	appropriate correction are					
				<u>۔۔۔۔</u> ۔۔۔۔۔					
				2 1					
	<del></del>			<u> </u>					
			<del></del>	<del></del>					
	OR			- O					
_		and the second same distinctive		9					
0	The er	ectronic transmission of the record was defective.	1 /0	1/2020					
	-f-	Signature of Authorized Representative	) / Date	1/2020					
Signat accept	ure of no ing the d	w registered agent, if applicable :( NOTE: if correctesignation).	ting the registered agent, the new r	egistered agent must sign					
I herel provis obliga reflect	by acceptions of a	A Agent's Signature, if changing Registered Agent: the appointment as registered agent and agree to a the statutes relative to the proper and complete perfo my position as registered agent as provided for in C e in the registered office address. I hereby confirm	rmance of my diffies, and I am fam Thanter 605, F.S. Or, if this docume	nnar with and accept the ent is being filed to merely					
		Registered Age	ent's Signature	<del></del>					
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)						