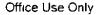
L20 0000 47597

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Only/Otale/21p// Hone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
,						

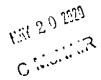




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20 KM -4 MI D. C.



5

		COVER LETTER					
TO:	Registration Division of C			*			
SUBJ	3liscarg	ots LLC					
SUBJ	ьст:		Name of Limited Liab	pility Company			
Dear S	Sir or Madam:						
		nt of Correction and fee(s) a	are submitted for filin	g.			
		spondence concerning this		_			
Radha	a Rothrock						
		Name of Person		-			
Rothr	ock Law Firm P	'L					
		Firm/Company		-			
РО В	ox 3127						
		Address		-			
Bonit	a Springs, FL 3-	4133					
		City/State and Zîp Code		_			
3esca	rgots@comcast.	net					
ŀ	E-mail address: (to be used for future annua	report notification)	-			
For fu	rther informatio	n concerning this matter, pl	ease call:				
Radha	1 Rothrock		239	206-1948			
	Nam	e of Person	at (Area Code	Daytime Telephone Number			
	P.O. Box 6	n Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclo	sed is a check f	or 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			

CR2E062 (9/15)

STATEMENT OF CORRECTION





	ection 605.0209, F.S., this do						
FIRST: The	name of the limited liability	company is:	3 Escargo	ts LLC			
							
SECOND:				L200000+7.			
THIRD:	Document to be correcte	Document to be corrected is: ARTICLES OF ORGANIZATI					
	(CHECK THE APPROPE	RIATE BOX AND C	OMPLETE THE APPL	LICABLE STATEMENT			
state	ains an incorrect statement. ment are as follows:						
	Member + RA:	S hame	is misspel	led. Incorrect			
- 	spelling is	"STRICK LA	ND" CORRE	ECT SPELLIN			
11	STICKLAND "	(2) Com	Dany name	led. Incorrect ECT SPELLIN IS 3 ESCARGO RETWEEN.			
OR	THERE S	HOULD BE	A SPACE	BETWEEN.			
as fo	llows:						
<u>OR</u>							
□ The	electronic transmission of the	e record was defective		allin 120			
	Signature of Authorize	d Representative		Date Date			
	new registered agent, if applidesignation).	icable :(NOTE: if cor	recting the registered ago	ent, the new registered agent			
I hereby acce provisions of obligations o	all statutes relative to the pr f my position as registered a ige in the registered office ad	ered agent and agree oper and complete pe gent as provided for it	to act in this capacity. Ly rformance of my duties, 1 Chapter 605, F.S. Or, i	further agree to comply with and I am familiar with and a if this document is being filea ity company has been notified			
		Registered A	agent's Signature				
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optio	nal)			