

Division of Corporations

Page 1 of 2

Florida Department of State  
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.

(((H20000123789 3)))



H200001237893AEC%

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

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SHUTTS & BOWEN, LLP  
Account Number : 076447000313  
Phone : (305) 358-9166  
Fax Number : (305) 347-7766

STATE  
TALLAHASSEE, FLORIDA

2020 APR 28 AM 10:24

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MTP SHERIDAN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2020 APR 28 AM 11:49

Electronic Filing Menu

Corporate Filing Menu

Y SUI KEE  
Help  
APR 29 2020

H20000123789 3

**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: MTP SHERIDAN, LLC

**SECOND:** The Florida Document number of the limited liability company is: L20000102895

**THIRD:** Document to be corrected is: Articles of Organization

**(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:

Article V of the Articles of Organization contains an incorrect spelling of Marcela Kingston's first name.

The correct spelling is Marcelo. The corrected statement in Article V is: Title: MGR, Marcelo Kingston.

**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.

*Luis A. de Armas*  
Signature of Authorized Representative

4-27-20  
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

H20000123789 3

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

2020 APR 28 AM 10:24  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



215 NORTH EOLA DR  
ORLANDO, FLORIDA 32801

POST OFFICE BOX 2809  
ORLANDO, FLORIDA 3202-2809

TEL: 407-843-4600 / FAX: 407-843-4444

[www.lowndes-law.com](http://www.lowndes-law.com)

**From:** Name: Andre, Gail  
Fax Number: 407-843-4444

**To:** Name:  
Company:  
Fax Number: 1-850-617-6383

---

**Subject:**

**Comments:**

---

Date and time of transmission: 4/28/2020 11:08:03 AM

Number of Pages: 2

*If you did not receive all of the pages, please contact us as soon as possible.*

*The information contained in this transmission is attorney privileged and confidential. It is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone collect and return the original message to us at the above address via the U.S. Postal Service. We will reimburse you for postage.*

*Thank you.*