

L20000 102900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

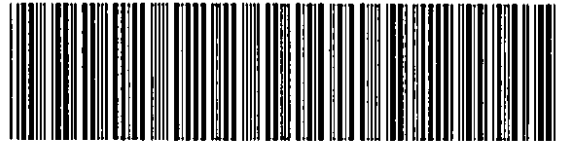
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF INTERNATIONAL  
AFFAIRS  
WASHINGTON, DC 20520

2020 APR 17 AM 7:16

FILED

APR 29 2020  
S. YOUNG



**VIA FEDERAL EXPRESS**

April 16, 2020

Registration Section  
Division of Corporations  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

***Re: Grand Alaskan 65-018 LLC, Document No. L20000102900***

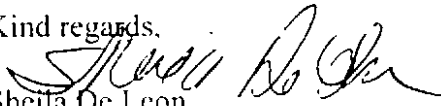
Dear Registration,

Attached please find the following documents:

1. Statement of Correction for Florida Limited Liability Company;
2. Check in the amount of \$25.00 made payable to Florida Department of State;
3. FED EX Envelope.

Please return the corrected filing or relevant document, if any, to Moore & Co., P.A., ATTN: Sheila DeLeon, 255 Aragon Avenue, Third Floor, Coral Gables, FL 33134 using the enclosed Federal Express envelope. If you should have any questions with regard to same, please do not hesitate to contact the undersigned. I can be reached at (786) 924-6219 or (786) 493-5283.

Kind regards,

  
Sheila De Leon,  
Paralegal

/sd  
Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Grand Alaskan 65-018 LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sheila DeLeon

\_\_\_\_\_  
Name of Person

Moore & Co., P.A.

\_\_\_\_\_  
Firm/Company

255 Aragon Avenue, Third Floor

\_\_\_\_\_  
Address

Coral Gables, FL 33134

\_\_\_\_\_  
City/State and Zip Code

sdeleon@moore-and-co.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheila DeLeon

786

221-0600

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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**

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: Grand Alaskan 65-018 LLC

**SECOND:** The Florida Document number of the limited liability company is: L20000102900

**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:

The Manager's name is incorrectly spelled John K Spain. The Manager's name should be spelled Jon K Spain.

**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.

Sheila DeLeon

Signature of Authorized Representative

4-16-2000  
Date

Sheila DeLeon, Authorized Representative

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)

**FILED**  
APR 17 AM 7:16  
CLERK OF COURT  
JACKSONVILLE  
FLORIDA