

10/26/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H200003721493

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.

((H20000372149 3)))



H200003721493ABC

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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
ADVENIR@ADAMS FARMS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED
2020 OCT 26 PM 4:44

2020 OCT 26 AM 10:02
FILED

OCT 27 2020

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: Advenir@Adams Farms, LLC

SECOND: The Florida Document number of the limited liability company is: 1.20000322972

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 entity's name and the manager's name are both incorrect due to the 's' added at the end of 'Farms'.

To correct the entity's name, remove the 's' at the end of 'Farms' so it reads as follows: Advenir@Adams Farm, LLC

To correct the manager's name, remove the 's' at the end of 'Farms' so it reads as follows: Advenir@Adams Farm GP, Inc.

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

[Blank lines for description of defectively signed document]

OR

The electronic transmission of the record was defective.

[Handwritten signature]

Signature of Authorized Representative

10/26/20

Date

2020 OCT 26 AM 10:02

FILED

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)