

120 000348 228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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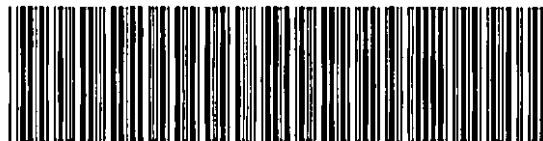
(Business Entity Name)

(Document Number)

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U.S. DEPT. OF JUSTICE

Statement  
of  
Correction

JAN 12 2021

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
Oceanview 232, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Robert Alan Salamida

Name of Person

Oceanview 232, LLC

Firm/Company
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7901 4th St N STE 300

Address

St Petersburg, FL 22702

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

colonybeach232@gmail.com

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

For further information concerning this matter, please call:

Robert A. Salamida 607 761-1599

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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

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**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.

Oceanview 232, LLC

**FIRST:** The name of the limited liability company is: \_\_\_\_\_

L20000348228

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

Articles of Organization

**THIRD:** Document to be corrected is: \_\_\_\_\_

**(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:

Incorrect Information filed by mistake. Article II change address to: 7901 4th St N STE 300, St Petersburg, FL 33702

Article IV change to: Title: Managing Member; Robert Alan Salamida, 7901 4th St N STE 300,

(continued) St. Petersburg, FL 33702

**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.

Signature of Authorized Representative

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

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