		Division	partment of a	XL	\^	大
	Note: Please print t	JV	Filing Cover She e it as a cover shee		exaudit m	umber
	(shown belo	•	d bottom of all pag 000437735 3)))	es of the doc	ument.	
거든아든아든D 2020 DEC 23 AM 9: 26	H200004377353ABC+ Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.					
	From: Account Account Phone Fax Num	Number : I1999 : (215)	RR KEIM COMPANY 0000242 563-8113 977-9386			
	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**					
	Email Addres	55:				
	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE 19TH HOLE AT THE VILLAGES LLC					
	[ <u></u>	ficate of Status		0		
		fied Copy		0	-	
		Count nated Charge		\$25.00		
				[	)EC 28 ;	2020
					SOLO	

From: M. BURR KEIM CU.

THIRD

(((H200004377353)))

## 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

The 19th Hole at the Villages LLC

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

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 Ø statement are as follows

The effective date of filing was omitted. Article V is hereby corrected to read as follows

ARTICLE V The effective date, if other than the date of filing 01/01/2021 

<u>OR</u>

Was defectively signed. The manner in which the document was defectively signed and the appropriate correctic  $\Box$ as follows: -1

· · · · · · · · · · · · · · · · ·	- ۲۰۰۰ 
<u>OR</u>	

The electronic transmission of the record was defective. ً

Signature of Authorized Representative	<u>23 Der 2020</u> Date
Signature of Authonized Representative	

Signature of new registered agent, if applicable ( NOTE: if correcting the registered agent, the new registered agent mu accepting the designation)

<u>New Registered Agent's Signature, if changing Registered Agent:</u> 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 acce obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in of the change. of this change

Registered Agent's Signature

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

(((H200004377353)))