

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L21000092337

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**6 OCEAN WAY, LLC**

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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.

FIRST: The name of the limited liability company is: 6 Ocean Way, LLC

SECOND: The Florida Document number of the limited liability company is: L21000092337

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 Principal Address, Mailing Address and the Manager's Address currently have the incorrect suite letter.

The Principal Address, Mailing Address and the Manager's Address should each be:

82 1/2 Charlotte St., Suite E, St. Augustine, Florida 32084

OR

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

[Blank lines for signature correction details]

OR

The electronic transmission of the record was defective.

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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.

DocuSigned by: Michael A. Delorenzo Registered Agent's Signature

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

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