

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 076666003611
Phone : (941) 748-0100
Fax Number : (941) 745-2093

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: epennington@blalockwalters.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
6885 WILLOWSHIRE WAY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

MAY 11 2021
M. SOLOMON

RECEIVED
2021 MAY 10 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 MAY 10 PM 1:32

FILED

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: 6885 Willowsire Way, LLC

SECOND: The Florida Document number of the limited liability company is: L21000192313

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:

(1) Please change name of manager "Paula Nevinger" to "M Paula Nevinger"

(2) Please add Unit 103 to the Physical and Mailing Address

OR

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

OR

- ☐ The electronic transmission of the record was defective.

Andrew Clemente 5/10/2021
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)

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