Division of Corporations Electronic Filing Cover Sheet

H21000308300

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Division of Corporations

Tax Number : (850)617-6383

From:

Account Hama : FISHER, TOUSEY, LEAS & BALL

Account Number: : 719990000001 Phone : (904)356-2600 Fax Number: : (904)355-0233

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

Email Address: ryan.l.northrup@gmail.com

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KOMOREBI BONSAI GARDEN, LLC

· 1994年中国国际企业中国人工工程的产品中国工程的企业工程的企业工程的企业工程的企业工程的企业工程的企业工程的企业工程的工程工程的企业工程工程工程工程工程工程工程工程工程工程工程工程工程工程工程工程工程工程工程					
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Help

To: 18506176383 Page: 4 of 5 2021-08-16 20:03:04 GMT 19042122625 From: Fisher Tousey Leas Ball

850-617-6381

8/16/2021 8:57:50 AM PAGE 1/001 Fax Server

H21000308300



August 16, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

KOMOREBI BONSAI GARDEN, LLC 16 TURNBILL HILL CT ST AUGUSTINE, FL 32092US

SUBJECT: KOMOREBI BONSAI GARDEN, LLC

REF: L21000260201

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Fax cover sheet is still illegible.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring FAX Aud. #: H21000246908 Regulatory Specialist III Letter Number: 321A00019470

2021-08-16 20:03:04 GMT

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From: Fisher Tousey Leas Ball

850-617-6381

7/21/2021 9:49:42 AM PAGE 1/001 Fax Server

H21000308300



July 21, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

KOMOREBI BONSAI GARDEN, LLC 16 TURNBILL HILL CT ST AUGUSTINE, FL 32092US

SUBJECT: KOMOREBI BONSAI GARDEN, LLC

REF: L21000260201

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring

FAX Aud. #: H21000246918 Regulatory Specialist III Letter Number: 921A00016847

## H21000308300

#### STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursua	nt to se	ection 605.0209, F.S., this document is being submitted to correct a previously filed document.		
FIRST	The in	name of the limited liability company is: Komorebi Bonsai Garden, LLC	=	
SECO		The Florida Document number of the limited liability company is: L21000260201  Document to be corrected is: Articlesof Organization	- -	
<u>Thir</u>	D.	Section to be concern at Antiquate organization	-	
		CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT		-#-
×	Contra stater	Document to be corrected is: Aniclesof Organization  (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT tains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the correct ment are as follows:  EXHIBIT A	2021 2021	SHAIC
	SEE	EXHIBIT A	_\$_	<b>2</b> 2
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			~ <del>~</del>	
	<u>OR</u>		AH IO:	43E)
0		defectively signed. The manner in which the document was defectively signed and the appropriate correllows:	_	
			<del>-</del> -	
	<u>OR</u>			
	The e	Signature of Authorized Representative  Date		
Signate accepti	are of n	new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent m designation).	ust sign	
I hereb provisi obligat reflect	y accep ons of a ions of	ted Agent's Signature, if changing Registered Agent:  pt the appointment as registered agent and agree to act in this capacity. I further agree to comply with the all statutes relative to the proper and complete performance of my duties, and I am familiar with and acc f my position as registered agent as provided for in Chapter 603, F.S. Or, if this document is being filed to the registered office address. I hereby confirm that the limited liability company has been notified to the registered office address.	ept the merely	3
		Registered Agent's Signature		
		Filing Fee: \$25,00 Certified Copy: \$30.00 (optional)		

### H21000308300

#### EXHIBIT A

ARTICLE 1: Article I has the incorrect address name. The Mailing and Physical Address

shall be 16 Turnbull Hill Court, St. Augustine, Florida 32092.

ARTICLE VI: Article VI has the incorrect address name and the incorrect spelling of the

Managers' names. The names and addresses of the Managers are as follows:

Ryan Lee Northrup Gary Henry Northrup
16 Turnbull Hill Court
St. Augustine, Florida 32092 St. Augustine, Florida 32092

Sandra Kay Northrup 16 Turnbull Hill Court St. Augustine, Florida 32092

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