

L21000323242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

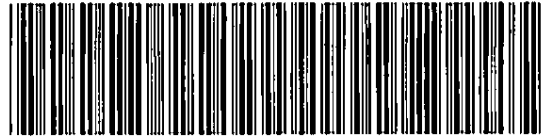
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 AUG -9 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2021 AUG -9 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 940255 7690154

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : August 2, 2021

ORDER TIME : 10:24 AM

ORDER NO. : 940255-001

CUSTOMER NO: 7690154

DOMESTIC AMENDMENT FILING

NAME: MICHAEL AARON INVESTMENTS LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: _____

**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: MICHAEL AARON INVESTMENTS LLC

SECOND: The Florida Document number of the limited liability company is: L21000323242

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:

Member's name was misspelled and incorrectly listed as 'Fineberg, Michael'. The name should read 'Feinberg, Michael.'

Entity's principal address, mailing address and addresses for both members should be 5550 Glades Rd Ste 500

Boca Raton, FL 33431. Initial filing had incorrect street number.

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]
Signature of Authorized Representative

8/3/21
Date

2021 AUG -9 AM 9:03
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TALLAHASSEE, FL

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)