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COVER LETTER

	stration Section of Corpe					
SUBJECT: _		ole Road, LLC				
Sobsect	Name of Limited Liability Company					
Dear Sir or Ma	adam:					
The enclosed S	Statement of	Correction and fee(s) a	are submitted for filin	ਨ		
Please return a	ill correspon	dence concerning this r	natter to the following	g:		
Joseph L. Line	dsay					
		Name of Person		_		
Lindsay Allen	, PLLC					
	<u> </u>	Firm/Company		_		
13180 Livings	ston Road, S	uite 206				
		Address		-		
Naples, Florid	la 34109					
	City	/State and Zip Code		_		
Joe@naples.la	ıw					
E-mail a	ddress: (to b	e used for future annua	report notification)	 -		
For further inf	ormation co	ncerning this matter, ple	ease call:			
Joseph L. Lind	dsay		239 at (593-7900		
	Name of	Person	Area Code	Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a	check for th	ne following amount:				
점\$25 Filing F	÷ec □	S30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	\$60 Filing Fee,Certificate of Status &Certified Copy		

CR2E062 (9/15)

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. 9150 Pineapple Road, LLC FIRST: The name of the limited liability company is: L21000470571 The Florida Document number of the limited liability company is: SECOND: Document to be corrected is: Articles of Organization THIRD: (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: MGR Nicola L Delgado Incorrect middle initial Nicola M Delgado OR Was defectively signed. The manner in which the document was defectively signed and the appropriate corrections follows: as follows: OR The electronic transmission of the record was defective. Signature of Authorized Representative 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)