# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

L21000314699

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**JACKSONVILLE HEIGHTS ASSOCIATES, 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: Jacksonville Heights Associates, LLC

**SECOND:** The Florida Document number of the limited liability company is: L21000514699

**THIRD:** Document to be corrected is: ARTICLES OF ORGANIZATION

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT**

☒ ARTICLE #4: Title of Managers: Greenb Trust 369 East 62nd Street New York, NY 10065; Saichi Huang 369 East 62nd Street New York, NY 10065 Typographical Error Corrected Statement:
Title AMBR Name: Greenb Trust 369 East 62nd Street New York, NY 10065
Title AMBR Name: Saichi Huang 369 East 62nd Street New York, NY 10065

**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 of Authorized Representative — Date: 4-15-22

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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** |
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