

L21000534008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entry Name)

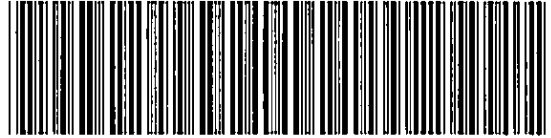
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Certified Copies _____

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2022 JAN 20 AM 9:37
TROY STATE
TROY, MI 48063-1500

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2022 JAN 20 AM 10:29
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TROY, MI 48063-1500

V. SULKER

JAN 21 2022

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$30.00

AUTHORIZATION SIGNATURE: *[Signature]*

820 WILTON LLC L21000534008

Business Name

Document Number, (if known):

☐ Walk in ☐ Pick up time ☐

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certified Copy

☒ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**

AMMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ **Conversion**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTIL () ☐ **Country**

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement
☒ Statement of CORRECTION

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 820 WILTON LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Z. Green, Esq.

Name of Person

JONATHAN H. GREEN & ASSOCIATES, P.A.

Firm Company

901 Ponce de Leon Boulevard, Suite 601

Address

Coral Gables, Florida 33134

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Z. Green

305

372-5100

Name of Person

at (_____))

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 the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

FILED
2022 MAY 20 AM 9:37
TALLAHASSEE, FL
DIVISION OF STATE

**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: 820 WILTON LLC

SECOND: The Florida Document number of the limited liability company is: L21000534008

THIRD: Document to be corrected is: Electronic 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:

Incorrect Statement Art IV The name & address of the person(s) authorized to manage LLC: Binder Family LLLP

Incorrect Statement lists wrong Manager. The Correct Statement lists the correct Manager.

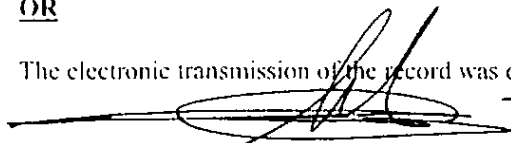
Correct Statement Art IV The name & address of the person(s) authorized to manage LLC: Binder, Oscar M.

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

01.19.2022
Date

FILED
JAN 19 2022
AM 9:31
STATE OF FLORIDA
SECRETARY OF STATE

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)