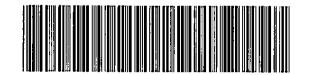
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(6	Requestor's Name)	
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PICK-UP	WAIT	MAIL
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• FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

242 NE 42 Ave. LLC Business Name Document Number, (if known):			
Dusiness . Wine	Document (Line), (Il line), II,		
Walk in	Pick up time		
Mail out	Will wait		
Photocopy			
Certified Copy of Articles of	Organization		
Certificate of Status			
NEW FILINGS	<u>AMMENDMENTS</u>		
Profit	X Amendment · Correction Resignation of R.A. Officer/		
Not for Profit Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Other	Merger		
CORP	Conversion		
OTHER FILINGS	REGISTERATION/QUALIFICATION		
Annual Report	Foreign filingLimited Partnership		
Fictitious Name	Reinstatement		
	Statement of Revocation of Dissolution		
APOSTIL (_)_	Other		
Country			

COVER LETTER

	istration Sect ision of Corp					
SURTECT:	242 NE 42 A	AVE, LLC				
SOBJECT.		Name of Limited Liability Company				
Dear Sir or N	Aadam;					
The enclosed	l Statement o	Correction and fee(s) a	re submitted for filing	y.		
Please return	all correspor	ndence concerning this r	natter to the following	ğ:		
Sandra Z. Gr	reen, Esq.					
		Name of Person		-		
AAHTAAOL	H. GREEN	& ASSOCIATES, P.A.				
		Firm/Company		-		
901 Ponce d	e Leon Boule	vard, Suite 601				
		Address		-		
Coral Gables	s, Florida 331	34				
	City	y/State and Zip Code		_		
szg@jħglaw.	.com					
E-mail	address: (to b	e used for future annual	report notification)	_		
For further in	nformation co	ncerning this matter, plo	ease call:			
Sandra Z. Gr	een		305 at (372-5100		
	Name of	Person	Area Code	Daytime Telephone Number		
Reg Div P.C	iling Address gistration S vision of Co). Box 6327 lahassee, F	ection orporations		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:				
≣\$25 Filing	Fee [\$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy		

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. <u>FIRST</u>: The name of the limited liability company is: <u>242 NE 42 AVE. LLC</u> The Florida Document number of the limited liability company is: L22000026108 SECOND: Document to be corrected is: 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: Incorrect Statement (Article 1-LLC Name is Incorrect): 242 NE 42 AVE, LLC is the incorrect LLC name. Corrected Statemement (Article I-Name): Simple Lending, LLC is the correct LLC name. 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. Date 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 \$25.00 Filing Fee: \$30.00 (optional) Certified Copy: