

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L22000150870**

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To:

Division of Corporations  
Fax Number : (850)617-6383

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Account Name : M. BURR KEIM COMPANY  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CLEDENON PROPERTIES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2022 APR 12 AM 11:52

2022 APR 12 PM 3:32  
APPROVED  
AND  
FILED

**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: CLENDENON PROPERTIES LLC

**SECOND:** The Florida Document number of the limited liability company is: L22000150870

**THIRD:** Document to be corrected is: Articles of Organization for Florida Limited Liability Company

**(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:

See attached rider.

**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

4/12/2022  
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

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

## **Rider to the Articles of Organization for Florida Limited Liability Company**

The incorrect statement is as follows:

**"ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Donn Clendenon, Authorized Member, 523 Erie Avenue, Tampa, Florida 33606

James Hettinger, Authorized Member, 523 Erie Avenue, Tampa, Florida 33606"

The statement is incorrect due to a typographical error. The correct statement is as follows:

**"ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Donn Clendenon, Authorized Member, 523 Erie Avenue, Tampa, Florida 33606"