

L22000171136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2022 MAY -2 PM 1:56

CLERK OF COURT  
TALLAHASSEE, FLORIDA

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2022 MAY -2 AM 9:00

CLERK OF COURT  
TALLAHASSEE, FL

524-6206

10/3/2022

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE:**

5/2/22

**NAME:**

KOHL'S K - 148 E. INT 20 WTF LLC

**TYPE OF FILING: STATEMENT OF CORRECTION**

**COST:**

25.00

**RETURN:**

PLAIN COPY PLEASE

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*a Hodge*

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kohl's K - 148 E. INT 20 WTF LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Barbara M. Brown

\_\_\_\_\_  
Name of Person

Brown & Associates Law & Title, PA

\_\_\_\_\_  
Firm/Company

11373 Countryway Boulevard

\_\_\_\_\_  
Address

Tampa, FL

\_\_\_\_\_  
City/State and Zip Code

Barbara@BrownALT.com

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

For further information concerning this matter, please call:

Barbara M. Brown

813

528-4044

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2022

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: KOHL'S K-148 E. INT 20 WTF LLC  
Ref. Number: L22000171136

We have received your document for KOHL'S K-148 E. INT 20 WTF LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

Please correct THIRD to read Articles of Organization.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 022A00010188

Please keep original file date  
Thank you!

RECEIVED  
JUN -2 PM 2:41  
TALLAHASSEE, FLORIDA

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

**FILED**

2022 MAY -2 AM 9:00

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: Kohl's K - 148 E. INT 20 WTF LLC

SECTION 605.0209, F.S.  
TALLahassee FL

**SECOND:** The Florida Document number of the limited liability company is: L22000171136

**THIRD:** Document to be corrected is: 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:

There are typographical errors under Articles II and IV, specifically they are missing the digit "5." The corrections

to Article II are as follows: 405 Inness Drive, Tarpon Springs, FL 34689-2539. The correction to Article IV is as

follows: The Marteric Family Trust dated March 15, 2010 405 Inness Drive, Tarpon Springs, FL 34689-2539.

**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.

Ant J. W. [Signature]

Signature of Authorized Representative

6/2/22

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)**