(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)	_					
(Document Number)						
Copies Certificates of Status	-					
al Instructions to Filing Officer:						

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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

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

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE attodige

COVER LETTER

TO:		on Section of Corporations		
SUBJE		s K - 148 E. INT 20 WTF LLC		
SOLUTE		7	lame of Limited Liab	nility Company
Dear Si	r or Madan	n:		
The end	closed State	ment of Correction and fee(s) a	re submitted for filin	g.
Please 1	return all co	orrespondence concerning this n	natter to the following	g:
Barbara	a M. Brown	1		
-		Name of Person		_
Brown	& Associat	tes Law & Title, PA		
		Firm/Company		•
11373	Countryway	y Boulevard		
		Address		_
Tampa,	, FL			
		City/State and Zip Code		-
Barbara	a@BrownA	LT.com		
E	-mail addre	ss: (to be used for future annual	report notification)	-
For furt	ther inform	ation concerning this matter, ple	ease call:	
Barbar	a M. Browt	1	813	528-4044
	1	Name of Person	at (at 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
Enclos	ed is a che	ck for the following amount:		
≡\$2 5 l	Filing Fee	☐ \$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)



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.

Please keep original fre dertes

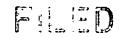
Claretha Golden
Regulatory Specialist II

Letter Number: 022A00010188

www.sunbiz.org

DO DOM COM TO A COM

STATEMENT OF CORRECTION **FOR**



FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY 7022 HAY -2 AM 9: 00

		ction 605.0209, F.S., this document is being submitted liability company is: Kohl's K - 14					
SECO THIR		The Florida Document number of the limited liab Document to be corrected is: Articles of Organizat	ility company is: L22000171136	<u> </u>			
		(CHECK THE APPROPRIATE BOX AND COM	IPLETE THE APPLICABLE STATEMENT	-			
<u> </u>		Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:					
	There	There are typographical errors under Articles II and IV, specifically they are missing the digit "5." The corrections					
	to Ar	to Article II are as follows: 405 Inness Drive, Tarpon Springs, FL 34689-2539. The correction to Article IV is as					
	follov	follows: The Marterie Family Trust dated March 15, 2010 405 Inness Drive, Tarpon Springs, FL 34689-2539.					
	as fol	defectively signed. The manner in which the docume lows:	ent was defectively signed and the appropriate o	orrection are			
	<u>OR</u>						
	The e	Signature of Authorized Representative	(0/Z/ZZ Date				
accepti	ing the	new registered agent, if applicable :(NOTE: if correct designation).	ting the registered agent, the new registered age	nt must sign			
I hereb provisi obligat reflect	y acceptions of the state of th	ed Agent's Signature, if changing Registered Agent: of the appointment as registered agent and agree to a all statutes relative to the proper and complete performy position as registered agent as provided for in C age in the registered office address, I hereby confirm to	rmance of my duties, and I am familiar with and hapter 605, F.S. Or, if this document is being fü	d accept the led to merely			
Registered Agent's Signature							
		Filing Fee: Certifled Copy:	\$25.00 \$30.00 (optional)				