

Division of Corporations

https://efile.unbiz.org/scripts/efilcovr.exe

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000184234 3)))



H220001842343ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:  
Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.  
Account Number : 073722083555  
Phone : (561)686-3307  
Fax Number : (561)298-1590

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: bmanna@nasonyeager.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
4 PJP LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

Electronic Filing Menu Corporate Filing Menu Help

K. SALLY

MAY 25 2022

2022 MAY 24 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 MAY 24 PM 4:25

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: 4 PJP LLC

**SECOND:** The Florida Document number of the limited liability company is: L22000220992

**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:

The incorrect statement is: The name of this limited liability company is: 4 PJP LLC. The name 4 PJP LLC

was not approved and is incorrect. The correct statement is: The name of this limited liability company is:

4 PJP Beach Road LLC

**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.

X   
Signature of Authorized Representative

5/24/2022  
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)