7/11/22, 1:49 PM

Division of Corporations

Florida Department of State Division of Corporations

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.

(((H22000235390 3)))



H220002353903ABC-

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:

25 ά

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273 : (904)398-3911 Phone

Fax Number : (904)396-0663

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

Email Address: dmerit@rtlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DOCS'S PLACE ON CEDAR ISLAND, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Help

JUL 13 2022

κ. Brumbley

Electronic Filing Menu

Corporate Filing Menu

To: '8506176383

From: Dannette Merit

H22000235390

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuan	t to section 605.0209,	F.S., this document is being submitted		ent.		
FIRST:	The name of the limi	ted liability company is:	E ON CEDAR ISLAND, LLC			
	Please correct	the name to state: DOC'S PLACE ON CE	DAR ISLAND, LLC			
SECOND: The Florida Document number of the limited liability company is: L22000229882						
THIRD: Document to be corrected is: Sunbiz Page (Entity name should be Doc's and not Docs's)						
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT				PERIENT		
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:					
0	OR	ned. The manner in which the documen		אוני אין		
	Was defectively sign as follows:	ned. The manner in which the documen	t was defectively signed and the app	roprlate correction are		
				9: 53 Et.		
0	sheet which was a relicious of Or The electronic transi	e the first word on the entity name to was transferred to DOC Sunbiz page for ganization as "DOC'S PLACE ON CEDA mission of the record was defective. Of Authorized Representative	r this entity. The entity name show	ney was a type on the cover ld match the name on the		
	are of new registered and the designation).	agent, if applicable.:(NOTE: if correction	ng the registered agent, the new regi	stered agent must sign		
I hereb provisi	y accept the appointm ons of all statutes rela ions of my position as a change in the regist	nature, if changing Registered Agent: nent as registered agent and agree to active to the proper and complete perform registered agent as provided for in Chi ered office address, I hereby confirm th	nance of my dutles, and I am familia apter 605, F.S. Or, if this document	r with and accept the is being filed to merely		
Registered Agent's Signature						
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			