## 122000294198

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

Office Use Only



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CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607

850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 05/17/23 Order #: 1215410-1

Re: 1185 8th Ave North, LLC Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

12000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJE	en en	Ave North, LLC			
GODGE	Name of Limited Liability Company				
Dear Sir	r or Madam:				
The enc	losed Statemen	t of Correction and fee(s) a	re submitted for filing	g.	
Please re	eturn all corres	condence concerning this n	natter to the following	g:	
Marlen	ie Marsh, Para	alegal			
		Name of Person		<del></del>	
Dentor	ns Cohen & G	rigsby P.C.			
	· ·	Firm/Company		<del>-</del>	
625 Lit	berty Avenue,	5th Floor			
		Address		_	
Pittsbu	ırgh, PA 1522	2			
<del>,,,</del>		City/State and Zip Code		_	
felix.m	ehler@dentor	s.com			
E-	mail address: (	to be used for future annual	l report notification)	-	
		-			
For furt	her information	concerning this matter, ple	ease call:		
Marlen	ne Marsh, Para	alegal	412 at (	297-4993	
	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	
Enclose	ed is a check fo	r the following amount:			
□\$25 F	Filing Fee	S30 Filing Fee & Certificate of Status	\$555 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

## 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: \_\_\_\_\_ The Florida Document number of the limited liability company is: SECOND: Document to be corrected is: THIRD: (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 name of the LLC was incorrectly stated in Article I as "1185 8th Ave North, LLC", but should have been stated as "1195 8th Ave North, LLC". The corrected Article I is to read as follows: Article | - Name: The name of the limited liability company is: 1195 8th Ave North, LLC <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. Signature of Authorized Representative 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)