Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

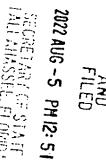
Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:		
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GALLERY AT PARK MARTI MANAGER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00



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

Pursua	ant to section 605.0209, F.S., th	is document is being submitted to correct a prev	iously filed document.			
FIRST	[: The name of the limited liab	ility company is: GALLERY AT PARK MARTI M	IANAGER, LLC			
SECO	ND: The Florida Docume	The Florida Document number of the limited liability company is:				
THIR	<u>D</u> : Document to be con	rected is: Articles of Organization				
		OPRIATE BOX AND COMPLETE THE AP	PLICABLE STATEMENT			
Ø	Contains an incorrect statement are as follows:	ent. The incorrect statement, the reason the state	ement is incorrect, and the corre	cted		
	The entity name was listed inc	correctly due to a clerical error. The entity name is	corrected to:			
	Gallery at Marti Park Manage	r, LLC				
				_		
	OR			_		
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	Was defectively signed. The as follows:	manner in which the document was defectively	signed and the appropriate corr	ection are		
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	OR			605		
0	The electronic transmission of	of the record was defective.	SE AS	=		
	/s/ Joseph Panholzer	Joseph Panholzer, Attorney-in-Fact	08/05/2022-			
	Signature of Author	orized Representative	Date			
		applicable :( NOTE: if correcting the registered a	gent, the new registered agent r	nust sign		
accepti	ng the designation).					
I hereb provisi obligat reflect (	ons of all statutes relative to th ions of my position as registere	changing Registered Agent: gistered agent and agree to act in this capacity. e proper and complete performance of my dutie. ed agent as provided for in Chapter 605, F.S. Or e address, I hereby confirm that the limited liab	s, and I am familiar with and ac ; if this document is being filed	cept the to merely		
		Registered Agent's Signature				
		Filing Fee: \$25.00				

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\$30.00 (optional)