

Florida Department of State
Division of Corporations
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L22000264990302160

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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.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GALLERY AT MARTI PARK, LLC**

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

2022 AUG -5 PM 1:26

2022 AUG -5 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FL 32399

APPROVED
AND
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: GALLERY AT MARTI PARK, LLC

SECOND: The Florida Document number of the limited liability company is: L22000302160

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 Manager name, GALLERY AT PARK MARTI MANAGER, LLC, was listed incorrectly due to a clerical error.

The Manager name is corrected to: Gallery at Marti Park Manager, LLC

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

		2022 AUG -5 PM 12:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	APPROVED AND FILED
<u>OR</u>			
<input type="checkbox"/> The electronic transmission of the record was defective.			
<i>/s/ Joseph Panholzer</i>	Joseph Panholzer, Attorney-in-Fact	08/05/2022	
Signature of Authorized Representative		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)