9/15/22, 2:03 PM

Division of Corporations

(((H220003201383)))



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.

(((H22000320138 3)))



H220003201383ABCV

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:

3:52

2022 SET 15

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone : (407)843-8880 Fax Number : (407)244-5690

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

Email Address: frankdiaz1209@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 13868 LEXMARK LN. UNIT 110 ROCKLEDGE LLC

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

122 SEP 15 AM II: 08 EOREFREY OF STARE TELAHASSEE EN NOVE

APPROVEU AND FILED

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 1 6 2022

< Bruniolal

(((H22000320138 3)))

STATEMENT OF CORRECTION* FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		ection 605,0209, F.S., this document is being submitted to correct a previously filed document of the limited liability company is:	ient,		
<u>seco</u>	ND;	The Florida Document number of the limited liability company is:			
THIR	<u>D</u> :	Document to be corrected is: Articles of Organization			
		(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STA	<u>tement</u>		
K		tains an incorrect statement. The incorrect statement, the reason (he statement is incorrect, ment are as follows:	and the corrected		
	Anic	clc I - Name: The name of the Limited Liability Company is: 13868 Leximark Ltt. Unit 110 Ro	ckledge LLC		
	The	statement was incorrect due to a scriveners error.			
	Artic	Article 1 - Name: The name of the Limited Liability Company is; 3868 Lexmark Ln. Unit 110 Rockledge LLC			
	<u>OR</u>				
		defectively signed. The manner in which the document was defectively signed and the apollows:	2021 SEP 15 SEG NET LOTY ALL AHASSEE	on are	
	<u>OR</u>		75 STA) } {EU	
	The	electronic transmission of the record was defective. Signature of Authorized Representative Date	1/2-2		
		new registered agent, if applicable : (NOTE: if correcting the registered agent, the new reg edesignation).	istered agent mus	t sign	
l herei provis obliga reflect	by acce ions of tions o	red Agent's Signature, if changing Registered Agent: ept the appointment as registered agent and agree to act in this capacity. I further agree to fall statutes relative to the proper and complete performance of my duties, and I am familie of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document nge in the registered office address, I hereby confirm that the limited liability company has te.	ar with and accept is being filed to n	nerely	
		Registered Agent's Signature			

Filing Fee: Certified Copy:

\$25.00

\$30,00 (optional)