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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : SNYDER & SNYDER, P.A.  
Account Number : I20160000107  
Phone : (954)475-1139  
Fax Number : (954)475-2634

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

Email Address: corp@snyderlawpa.com

2023 JAN 11 AM 9:37

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LYRARAE L.L.C.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$60.00

2023

JAN 12 2023

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LYRARAE L.L.C.  
\_\_\_\_\_

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William A. Snyder, Esq.

\_\_\_\_\_  
Name of Person

Snyder & Snyder, P.A.

\_\_\_\_\_  
Firm/Company

7931 Orange Drive

\_\_\_\_\_  
Address

Davie, Florida 33328

\_\_\_\_\_  
City/State and Zip Code

corp@snyderlawpa.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yani Riveron, FRP

954

475-1139 ext. 205

at (\_\_\_\_\_) \_\_\_\_\_

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☒ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (9/15)

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**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: LYRARAE L.L.C.

**SECOND:** The Florida Document number of the limited liability company is: L22000523904

**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:

Please see attached Exhibit "A"

**OR**

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

**OR**

- ☐ The electronic transmission of the record was defective.

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)

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***Exhibit "A"***  
to Statement of Correction for  
LYRARAE L.L.C. ("Company")  
Document No.: L22000523904

***Incorrect statement:*** The Company's Articles of Organization reflect the names and addresses of various authorized representatives.

***Reason the Statement is incorrect:*** It was not the intent of the Member when forming the Company to have any authorized representatives named in the Articles of Organization.

***Correct statement:*** The names and addresses of all currently listed authorized representatives should be deleted and replaced with the following:

Manager: George J. Shahin  
2277 Lynx Avenue  
Davie, Florida 33324

Manager: Andrea R. Shahin  
2277 Lynx Avenue  
Davie, Florida 33324

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