

L230000 80538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

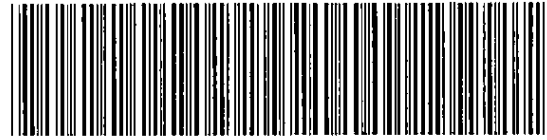
(Business Entity Name)

(Document Number)

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FILED

2023 MAR -6 AM 9:31

STATE  
TALLAHASSEE, FL

RECEIVED

2023 MAR -6 AM 11:40

DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

3/7/2023

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 548006 4363870

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : March 3, 2023

ORDER TIME : 9:08 AM

ORDER NO. : 548006-005

CUSTOMER NO: 4363870

DOMESTIC AMENDMENT FILING

NAME: WILD PINES D-303, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Elyliena Baker -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wild Pines D-303, LLC

\_\_\_\_\_  
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:

Lorna Bush

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

Burke, Warren, MacKay & Serritella, P.C.

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

330 North Wabash Avenue, Suite 2100

\_\_\_\_\_  
Address

Chicago, IL 60611

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

lbush@burkelaw.com

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

For further information concerning this matter, please call:

Mary Kruit McWilliams

312

840-7081

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

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

FILED

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. 2023 MAR -6 AM 9:31

**FIRST:** The name of the limited liability company is: Wild Pines D-303, LLC

SEC. 605.0209, F.S.

**SECOND:** The Florida Document number of the limited liability company is: L23000080538

**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 name of the Authorized Member and Principal Office Address are incorrect due to erroneous typing of each.

The correct name of the Authorized Member is: "Matte Family 2015 Living Trust, dated April 8, 2015"

The correct Principal Office Address is: 3651 Wild Pines Drive, Unit B-302, Bonita Springs, FL 34134

**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.

Mary Knut McWilliams

3/3/2023

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)**