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Division of Corporations

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Florida Department of State
Division of Corporations
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2nd FAX

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RIVERSIDE S LAKLELAND LLC**

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

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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: RIVERSIDE S LAKLELAND LLC

RIVERSIDE S LAKLELAND LLC

SECOND: The Florida Document number of the limited liability company is: 1.23600081636

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:

Incorrect: The name of the limited liability company is: RIVERSIDE S LAKLELAND LLC.

Reason: The statement is incorrect because the word "Lakeland" was misspelled in the name.

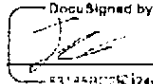
Corrected: The name of the limited liability company is: RIVERSIDE S LAKLELAND LLC.

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.

DocuSigned by


Signature of Authorized Representative

2/8/2024

Date

Signature of new registered agent, if applicable (A 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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2024 FEB 16 AM 9:29
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TALLAHASSEE, FL