_23000083698

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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1-6 間 9:02

RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

,950.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv^o

ORDER FORM

FROM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 3/6/2023

850-245-6051

PRIORITY Regular Approval

OUR REF # (Order ID#) 1126086

ORDER ENTITY PLAZA2306 LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

PLAZA2306 LLC (FL)

File the attached correction document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, March 6, 2023 Page 1 of 1

COVER LETTER

TO: Registration Division of 0	Section Corporations					
	806 LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Stateme	ent of Correction and fee(s) a	re submitted for filin	y.			
Please return all corre	espondence concerning this n	natter to the following	<u>z</u> :			
Juliana Moreira Traii	na					
	Name of Person		-			
	Firm/Company		_			
511 SW 23rd Road						
	Address	<u></u> v				
Miami, FL 33129						
	City/State and Zip Code		-			
amacedo(a)assureinte	ernational.com					
E-mail address:	(to be used for future annual	report notification)	-			
For further information	on concerning this matter, ple	ease call:				
Adriana Macedo		404 at (5188856			
Nar	ne of Person	Area Code	Daytime Telephone Number			
P.O. Box (on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303			
Enclosed is a check	for the following amount:					
₩S25 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

		name of the limited liability company is:	•				
		The Florida Document number of the limited liability compan Document to be corrected is: Articles of Oganization		<u> </u>			
		(CHECK THE APPROPRIATE BOX AND COMPLETE TH	E APPLICABLE STATEMENT				
		ontains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected atement are as follows:					
	Nam	e and address of Register agent was mispelled; correct is Juliana Mor	eira Traina, 511 SW 23rd Road, Miam	i			
	FL 3	3129.					
	Princ	ripal Office and Mailind address mispelled; correct 511 SW 23rd Ro	id. Miami. FL 33129				
		defectively signed. The manner in which the document was defectively signed. The manner in which the document was defectively signed.	2023 - 3 - 6	rection are			
	<u>OR</u>		AM 9: 02				
	The c	electronic transmission of the record was defective.	03/06/2023				
New I I herei provis obliga reflect	ing the Register by acceptions of tions of	Signature of Authorized Representative new registered agent, if applicable :(NOTE; if correcting the regis designation). red Agent's Signature, if changing Registered Agent: pt the appointment as registered agent and agree to act in this cap all statutes relative to the proper and complete performance of my fmy position as registered agent as provided for in Chapter 605, tige in the registered office address. I hereby confirm that the limit Registered Agent's Signature Registered Agent's Signature	oacity. I further agree to comply with a duties, and I am familiar with and a F.S. Or, if this document is being tiled and liability company has been notified	the ecept the Lto merely			

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)