

# L230000100928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

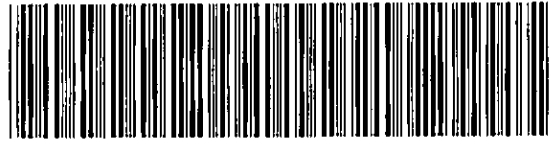
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600403169076

RECEIVED  
2023 MAR -6 AM 9:32  
STATE  
FL

RECEIVED  
2023 MAR -6 PM 3:41  
ALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from acct 120210000160: AMOUNT: \$25.00  
AUTHORIZATION: \_\_\_\_\_  
Island Gardens Lender, LLC K23000100928 *fa. full*  
Business Name Document #

☐ Certified Copy  
☐ Certificate of Status

**NEW FILINGS**

☐ Profit Corp  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**  
☐ **LLLP**

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
☐ APOSTILLE

Country

**AMMENDMENTS**

☐ Amendment  
☐ Resignation  
☐ Change of Registered Agent  
☐ Revocation of Dissolution  
☐ Merger  
☐ Conversion  
☐ Amended and restated Articles  
☒ **Statement of Correction**

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ Other

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Island Gardens Lender, 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:

Jonathan K. Winer, Esq.

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

Fuse Group Investment Companies

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

900 NW 6th Street, Suite 201

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33311

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

jonathan@fusegroupco.com

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

For further information concerning this matter, please call:

Jonathan K. Winer, Esq.

954

687-9448

\_\_\_\_\_  
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**

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: Island Gardens Lender, LLC

**SECOND:** The Florida Document number of the limited liability company is: 123000100928

**THIRD:** Document to be corrected is: 123000100928

**(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 incorrect statement is: "effective March 23, 2023." The statement is incorrect because it contains a scrivener's error. The document was supposed to say "effective February 23, 2023," but a mistake was made writing the name of month.

**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.

/s/ Jonathan K. Winer, Esq.

March 6, 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)**