

# L23000113483

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

From: Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.  
Account Number : 076624003440  
Phone : (305)444-6226  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

7661 NW 107 AVE # 103 LLC

Certificate of Status	0
Certified Copy	1
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**NOTE**  
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SECRETARY OF STATE  
TALLAHASSEE, FL

2023 MAR 28 PM 3:21

**FILED**

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: 7661 NW 107 AVE # 103 LLC

SECOND: The Florida Document number of the limited liability company is: L23000113483

THIRD: Document to be corrected is: ARTICLE I OF THE ELECTRONIC 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: Due to an inadvertent error, the Company name was filed as 7661 NW 107 AVE # 103 LLC. The correct LLC name should be: 7661 NW 107 AVE # 304 LLC. This Statement of Correction serves to correct Article I of the Electronic Articles of Organization to change the Company name as follows: "7661 NW 107 AVE # 304 LLC".

OR

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

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OR

The electronic transmission of the record was defective.

Signature of Authorized Representative: [Handwritten Signature] Date: MARCH 27, 2023

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)