

L23000134518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

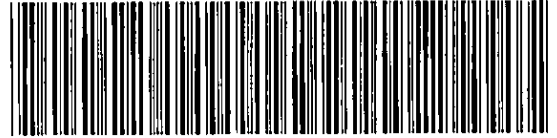
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400399920744

04/07/23--01002--002 **50.00

FILED
2023 APR -6 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2023 APR -6 PM 3:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



12905 SW 42nd ST., Ste: 210
 Miami, FL 33175
 Phone: 305-444-4994 / 305-444-4977
 Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. 2437M23 LLC (CORPORATE NAME) L23000134518 (DOCUMENT #)

2. _____ (CORPORATE NAME) _____ (DOCUMENT #)

3. _____ (CORPORATE NAME) _____ (DOCUMENT #)

Walk-In Pick up time: _____ Certified Copy Certificate of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input checked="" type="checkbox"/>	Other: Statement of Correction

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

**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: 2437M23 LLC

SECOND: The Florida Document number of the limited liability company is: L23000134518

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 STATEMENT: ARTICLE IV MANAGER - JAY ZHAO

CORRECT STATEMENT: ARTICLE IV MANAGER - JIA ZHAO

INCORRECT STATEMENT: ARTICLE V - EFFECTIVE DATE 05/01/2023

CORRECT STATEMENT: ARTICLE V - EFFECTIVE DATE 03/15/2023

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.

FILED
2023 APR -6 AM 8:28
STATE OF FLORIDA
TALLAHASSEE, FL



4/6/2023

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)