

L23000271582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

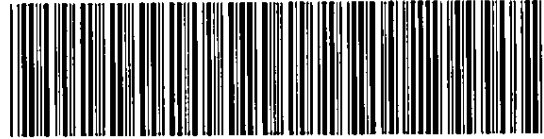
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUN 13 2023

Office Use Only



200409454772

SECRETARY OF
TALLAHASSEE

2023 JUN 12 AM 9:20

RECEIVED



SECRETARY OF
TALLAHASSEE, FLORIDA

2023 JUN -9 AM 8:25

RECEIVED

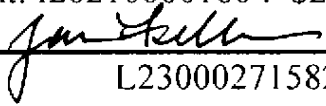
FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160 : \$25.00

Authorization Signature

Matecumbe Development, LLC

BUSINESS


L23000271582

DOC#

☐ **Certified Copy of Articles**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit Corp

☐ Not for Profit

☐ Officer/Director

☐ Limited Liability

☐ Domestication

☐ Other

☐ **CORP**

☐ **LLLP**

AMENDMENTS

☐ Amendment

☐ Resignation of R.A. or member

☐ Dissolution

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ **Conversion**

☐ **Amended and restated Articles**

☒ **Statement of Correction**

OTHER FILINGS

☐ **Trademark**

☐ Annual Report

☐ Fictitious Name

☐ APOSTILLE

Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

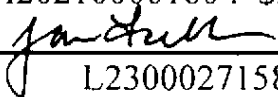
☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
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Please use funds from this account: I20210000160 : \$25.00

Authorization Signature 
Matecumbe Development, LLC L23000271582
BUSINESS DOC#

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☐ Other

Country

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Matecumbe Development, 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:

Andrea Genden

Name of Person

The Elias Law Firm, PLLC

Firm/Company

15500 New Barn Rd., Suite 33014

Address

Miami Lakes, FL 33014

City/State and Zip Code

bianca@tektonconstructioncorp.com

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

For further information concerning this matter, please call:

Andrea Genden

305

823-2300

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: Matecumbe Development, LLC

SECOND: The Florida Document number of the limited liability company is: L23000271582

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:

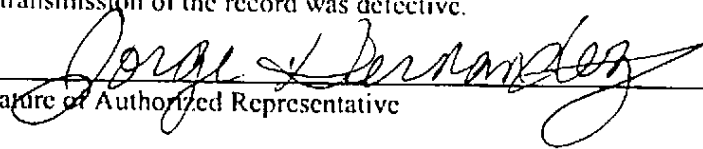
The name of the registered agent and a manager Tekton Development LLC was incorrectly stated. The correct name of the registered agent and such manager is Tekton Development Group LLC.

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.



Signature of Authorized Representative

6/11/23
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)