

L230002911223

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000291122 3)))



H230002911223-ADCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
470-530 E. MCNAB ROAD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

FLORIDA
Help
AUG 23 2023

RECEIVED

2023 AUG 22 AM 11:32

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

(((H230002911223)))

**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: 470-530 E. MCNAB ROAD, LLC

SECOND: The Florida Document number of the limited liability company is: 1.23000288894

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:

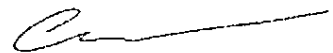
See attached Rider

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.



8/22/2023

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)

((H230002911223)))

RIDER TO THE STATEMENT OF CORRECTION

of

470-530 E. MCNAB ROAD, LLC

The incorrect statement, the reason the statement is incorrect and the corrected statement are as follows:

Article IV has the names and addresses of the managers stated incorrectly. The corrected article follows.

ARTICLE IV - Name and address of each person authorized to manage and control the Limited Liability Company:

MGR	Connor Woodward 5122 SE Lisbon Circle Stuart, FL 34997
-----	--

MGR	Michael Woodward 5122 SE Lisbon Circle Stuart, FL 34997
-----	---

MGR	Kathleen Woodward 5122 SE Lisbon Circle Stuart, FL 34997
-----	--

((H230002911223)))