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.

(((H230004138713)))



H230004138713ABC\$

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 : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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 DGSH BROWARD I SLP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

DEC - 5 Miss

STATEMENT OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

.,	.,.	10012110112				pg 2 0, 2
			STATEMENT OF FO	R	N	FILED OCTOBERANCE FILED OCTOBERANCE OCTO
		FLORIDA OR	R FOREIGN LIMI	ITED LIABILIT	TY COMPANY	UEC-4 PM,
Pursuan	t to section 60:	5.0209, F.S., this doc	rument is being submi	tted to correct a pre		EURE AN 4: 1 MAHASSEE, FLOORS
<u>FIRST</u> :	The name of t	he limited liability co	ompany is:			
SECON	ID: The F	Torida Document nu	mber of the limited lia	ability company is:	L23000346390	
THIRD	: Docu	ment to be corrected	is: 07/27/2023 - LC Am	endment - Amendmen	t to Articles of Organizat	tion of DGSH Broward I SLP,
	(CHEC	K THE APPROPRI	ATE BOX AND CO	MPLETE THE A	PPLICABLE STAT	EMENT
	Contains an in statement are		The incorrect statement	t, the reason the sta	itement is incorrect, a	nd the corrected
name and addre	ess of the sole men	nber listed in amended and	l restated Article V were list	ed incorrectly due to cle	rical errors. The correct na	me and address of the sole member
	NAME: DOUG	GLAS GARDENS SENI	OR HOUSING, INC.	ADDI	RESS: 5200 N.E. 2nd Av	renue Miami, FL 33137-2706
The name and	address of the mar	nager listed in amended an	d restated Article VI were li	isted incorrectly due to c	lerical errors. The correct r	name and address of the manager a
	NAME: DOUG OR	GLAS GARDENS SENI	OR HOUSING, INC.	ADD	RESS: 5200 N.E. 2nd Av	renue Miami, FL 33137-2706
	Was defective as follows:	ly signed. The mann	ner in which the docum	nent was defectivel	ly signed and the app	ropriate correction are
	<u>OR</u>					
	The electronic	transmission of the	record was defective.			
	DA	9			12/04/2023	
	*************************************	Ture of Authorized	Representative		Date	
	_		SENIOR HOUSING, INC., a		-	
	e of new regis g the designati		able :(NOTE: if corre	ecting the registered	agent, the new regis	iered agent must sign
•	•		-i Di			
l hereby provision obligation	accept the app ns of all statute ons of my posit change in the	pointment as register es relative to the prop tion as registered age		act in this capacity formunce of my dut Chapter 605, F.S. (ies, and I am familiar Or, if this document is	
			Registered Ag	gent's Signature		
			Filing Fee:	\$25.00		

Certified Copy:

\$30.00 (optional)