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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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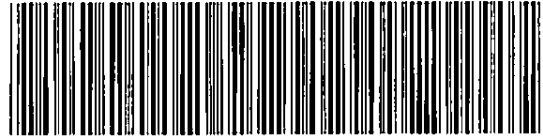
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DGSB LEE III SLP, 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:

Leslie-Marie Torres

Name of Person

DGSB LEE III SLP, LLC

Firm/Company

5200 NE 2 Avenue

Address

Miami, FL 33137

City/State and Zip Code

ltorres@miamijewishhealth.org

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

For further information concerning this matter, please call:

Leslie-Marie Torres

305

762-1467

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: DGSH LEE III SLP, LLC

SECOND: The Florida Document number of the limited liability company is: L23000346414

THIRD: Document to be corrected is: 07/27/2023 - LC Amendment - Amendment to Articles of Organization of DGSH Lee III SLP, LLC
filed on July 27, 2023

(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 and address of the sole member listed in amended and restated Article V were listed incorrectly due to clerical errors. The correct name and address of the sole member are:

NAME: DOUGLAS GARDENS SENIOR HOUSING, INC.

ADDRESS: 5200 N.E. 2nd Avenue Miami, FL 33137-2706

The name and address of the manager listed in amended and restated Article VI were listed incorrectly due to clerical errors. The correct name and address of the manager are:

NAME: DOUGLAS GARDENS SENIOR HOUSING, INC.

ADDRESS: 5200 N.E. 2nd Avenue Miami, FL 33137-2706

OR

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

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

OR

- ☐ The electronic transmission of the record was defective.



Signature of Authorized Representative

02/16/2024

Date

Leslie M. Torres, Secretary of DOUGLAS GARDENS SENIOR HOUSING, INC., a Florida not for profit corporation

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)