

L23000388730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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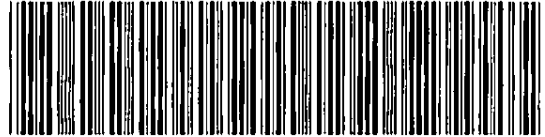
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

Registration Section  
Division of Corporations

TRADE WENTWORTH SPV LLC  
SOUTHERN

Name of Limited Liability Company

Sir or Madam:

Enclosed Statement of Correction and fees(s) are submitted for filing.

For all correspondence concerning this matter to the following:

DAVID RIVELES

Name of Person

STEELE WATKINS LLP

Firm/Company

100 MANHILL RD.

Address

MIAMI, FL 33137

City, State and Zip Code

www.steelwatkins.com

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

For other information concerning this matter, please call:

DAVID RIVELES

917

288-8831

Name of Person

at ( )

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:

☐ Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

For more information

**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.

**RSI:** The name of the limited liability company is: RADD WENTWORTH SPV LLC

**FLD:** The Florida Document number of the limited liability company is: L23090388730

**DOC:** Document to be corrected is: Electronic 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:

Article IV: Name of manager is misspelled and should be corrected to read as follows:

Title: MGR

RADD CAPITAL MANAGEMENT, 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

\_\_\_\_\_  
Date

Signature of new registered agent, if applicable. (NOTE: if correcting the registered agent, the new registered agent must sign under 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 conditions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely effect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of my change.*

Paul Jay Little, New, Leckell

\_\_\_\_\_  
Registered Agent's Signature

Filing Fee: **\$25.00**  
Certified Copy: **\$30.00 (optional)**

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CLERK OF STATE  
TALLAHASSEE, FLORIDA