L23000447162

(Requestor's Name)			
(Add	dress)		
(Add	dress)		
(City	//State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
J. HORNE MAY 2 1 2024			
MAY 2 1 2024			
L			

Office Use Only



100428670841

COVER LETTER

TO: Amendment Section Division of Corporations

4 RIVERS SMOKEHOUSE OF MI	IDDELTON, LLC	
SO DOLLO II.	Name of Corporation	
DOCUMENT NUMBER: L23000447162		
The enclosed Articles of Correction and for	ee are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
CECILIA FARNER		
Name of Contact Person		
4R RESTAURANT GROUP LEC		
Firm/Company		
210 N PARK AVE		
Address		
WINTER PARK FL 32789		
City/State and Zip Code		
CECILIAF@4RSMOKEHOUSE.COM		
E-mail address: (to be used for future annual r	report notification)	
For further information concerning this m		
CECILIA FARNER	at (407) 4826412 Daytime Telephone Number	
Name of Contact Person	at () Area Code Daytime Telephone Number	
Enclosed is a check for the following amo	ount:	
■ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	
☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy	
Mailing Address: Amendment Section	Street Address: Amendment Section	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

4 RIVERS SMOKEHO	OUSE OF MIDDELTON, LLC	30 ₂₁ 1
	Name of Corporation as currently filed with the Florida Dept. of State	- 2024 A
	L23000447162	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Document Number (if known)	
	Document Number (II Known)	The state of
Pursuant to the provisio	ns of Section 607.0124, Florida Statutes.	
These articles of correct	ion correct ARTICLES OF ORGANIZATION FOR FL LIMI	TED LIABILIT
These articles of correct	(Document Type Being Corrected)	·
filed with the Departme	nt of State on 9/27/2023	
	(File Date of Document)	
Specify the inaccuracy,	incorrect statement, or defect:	
• •	N IS MISSPELLED. THE CORRECT NAME SHOULD BE:	
4 RIVERS SMOKEHOUSI	E OF MIDDLETON, LLC	
		<u> </u>
		
Correct the inaccuracy,	incorrect statement, or defect:	
·		
		····
<u> </u>		
-		
\	\ /\ //	
· ·	\\	
	X U T	
7	(fignature of a director, president or other officer of directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or	_
	other court appointed fiduciary, by that fiduciary.)	
1,410,01	Barra	fn
(Typed or printe	d name of person signing) (Ti	tle of person signing)

Filing Fee: \$35.00