

Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DIVERSIFIED INHERITANCE GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

M. SOLOMON
FEB 13 2024

**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: DIVERSIFIED INHERITANCE GROUP, LLC

SECOND: The Florida Document number of the limited liability company is: L24000000136

THIRD: Document to be corrected is: ARTICLES OF AMENDMENT TO THE 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:

THE ARTICLES OF AMENDMENT TO THE ARTICLES OF ORGANIZATION, AS FILED
ON JANUARY 31, 2024, REFLECTS A TYPO IN THE ADDRESS OF ONE OF THE
MANAGERS. THE CORRECT ADDRESS FOR CRAIG LUTY IS AS FOLLOWS:

CRAIG LUTY, MANAGER: 301 HARBOUR PLACE DRIVE, #514, TAMPA, FL 33602.

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.

BY: NYDIA CONRAD Dr. Nydia Conrad

Signature of Authorized Representative

FEBRUARY 7, 2024

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
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