

Florida Department  
Division of Corp  
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**L24000055674**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : FLORIDA CRYSTALS CORPORATION  
Account Number : I20100000019  
Phone : (561)366-5138  
Fax Number : (561)366-5180

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Maggie.Vinajeras@floridacrystals.com

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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GALLOPMED LLC

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**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: FCC Douglas Entrance, LLC

**SECOND:** The Florida Document number of the limited liability company is: L24000055674

**THIRD:** Document to be corrected is: 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 name of the LLC should be: FC Douglas Entrance, LLC

The name and address of the AMBR should be: Fanjul Corp., 1 N. Clematis Street, Suite 200,

West Palm Beach, FL 33401


**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.

 2/1/2023  
Signature of Authorized Representative 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  
Certified Copy: \$30.00 (optional)

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