

L24000064764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

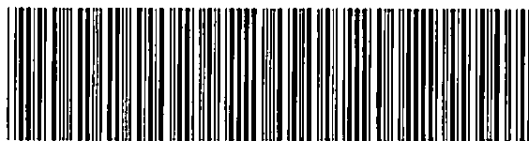
(Document Number)

Certified Copies _____

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2024 FEB -9 AM 9:01

2024 FEB -9 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 02/14/2024

Name: Patrice Rush

Reference #: 2265060

Entity Name: SAGITTARIUS 92 LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

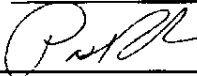
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other Certificate of Correction Filing - LLC

Authorized Amount: \$55.00

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sagittarius 92 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:

Patricia M. Crosby (312) 368-3403

Name of Person

DLA Piper LLP (US)

Firm/Company

444 W. Lake Street, Suite 900

Address

Chicago, IL 60606

City/State and Zip Code

michael.bedke@us.dlapiper.com

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

For further information concerning this matter, please call:

Patricia M. Crosby

312

368-3403

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2024

COGENCY

SUBJECT: SAGITTARIUS 92 LLC
Ref. Number: L24000064764

We have received your document for SAGITTARIUS 92 LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 624A00003036

**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: Sagittarius 92 LLC

SECOND: The Florida Document number of the limited liability company is: L24000064764

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:

Member's name is misspelled. The correct spelling is Abdulhadi Mana Al-Hajri

OR

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

Signatories name was misspelled. The correct spelling is Abdulhadi Mana Al-Hajri

OR

- ☐ The electronic transmission of the record was defective.

/s/ Abdulhadi Mana Al-Hajri

Signature of Authorized Representative

2/12/2024

Date

FILED
2024 FEB -9 AM 9:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

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)