

L24000133906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

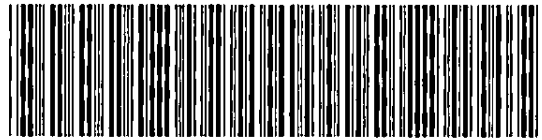
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2024 JUN 14 AM 6:57  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 502 Moon Run, 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:

Emma L. Osborne

\_\_\_\_\_  
Name of Person

Bond, Schoeneck & King, PLLC

\_\_\_\_\_  
Firm/Company

4001 Tamiami Trail N, Ste 105

\_\_\_\_\_  
Address

Naples, FL 34013

\_\_\_\_\_  
City/State and Zip Code

EOsborne@bsk.com

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

For further information concerning this matter, please call:

Emma L. Osborne

239

6593800

\_\_\_\_\_  
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:

\$25 Filing Fee

\$30 Filing Fee &  
Certificate of Status

\$55 Filing Fee &  
Certified Copy

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

**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: 502 MOON RUN, LLC

**SECOND:** The Florida Document number of the limited liability company is: L24000133906

**THIRD:** Document to be corrected is: Electronic Articles of Organization for Florida Limited Liability Company

**(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 names "Kristin L. Cartwright" as the person authorized to manage the LLC. "Kristin L. Cartwright"  
should be deleted and replaced with "Kristin L. Cartwright Revocable Trust dtd 4/11/2023". The filing incorrectly  
named the individual instead of her revocable trust, which is the AMBR of the LLC. All other information is correct.

**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 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)**

SECRET  
2024 JUN 14 AM 8:07  
FILED