

L24000157158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

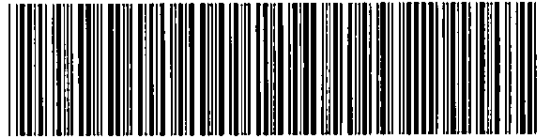
(Document Number)

Certified Copies _____

Certificates of Status _____

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TALLAHASSEE, FLORIDA

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DATE: 04/10/2024

NAME: ILS 22L, LLC

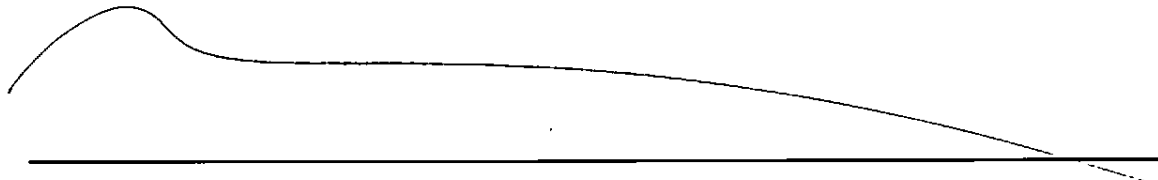
TYPE OF FILING: CORRECTION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ILS 22L, 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:

Marisol Torres

Name of Person

Parasec

Firm/Company

2804 Gateway Oaks Dr #100

Address

Sacramento, CA 95833

City/State and Zip Code

corponlone@parasec.com

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

For further information concerning this matter, please call:

Valerie Rodriguez

800

533-7272

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

**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: ILS 22L, LLC

SECOND: The Florida Document number of the limited liability company is: L24000157758

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:

The last name is misspelled in Articles III & IV

Article III: The name and the Florida street address of the registered agent is: Christopher Peckholdt
3220 Calusa St. Miami, FL 33133

Article IV: The name and address of person(s) authorized to manage LLC: MGR: Christopher Peckholdt
3220 Calusa St. Miami, FL 33133

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.

DocuSigned by:
Christopher Peckholdt
EF140390F938453

Signature of Authorized Representative

Apr-10-2024
Date

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2024 APR 10 AM 9:57
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)