

L24000190716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

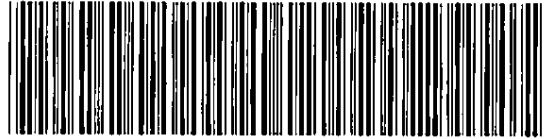
(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 23 2024

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FILED
2024 MAY -3 PM 12:41
CLERK OF COURT
CLERK OF COURT

SUBJECT: Woodhouse Grill, LLC
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Woodhouse Grill, LLC

Firm/Company

City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Leonardo 863 381-0063

Name of Person Area Code Daytime Telephone Number

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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: Woodhouse Grill, LLC

SECOND: The Florida Document number of the limited liability company is: L24000190716

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:

LLC Name, The name of the LLC was misspelled as Woodhouse Grill, LLC, The correct spelling should have been
"Woodhouse Grill, LLC"

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.

Michael Bernardo 4-30-24
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.

Michael Bernardo
Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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STATE