124000202868

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
4085					

Office Use Only



800438674338

10/31/24--01015--030 **80.00

FILED FILED

• 24 00131 PH 5: 22

• 34 00131 PH 5: 22

COVER LETTER

TO:	Registration Section Division of Corporations				
1712 CLUBHOUSE COVE, LLC					
SUBJE	Name of Limited Liability Company				
Dear Si	ir or Madam:				
The end	closed Statemer	t of Correction and fee(s) a	re submitted for filin	દે.	
Please i	return all corres	pondence concerning this n	natter to the following	g:	
SEAN	C. SELK, ESQ.				
		Name of Person		-	
SEAN	C. SELK, P.A.				
	 .	Firm/Company	•	-	
3801 P	GA BLVD, ST	E 600			
		Address	<u> </u>	_	
PALM	BEACH GARI	DENS, FL 33410			
		City/State and Zip Code		-	
SSELK	K@SELKLAW.	СОМ			
E-	-mail address: (to be used for future annual	report notification)	-	
For furt	ther information	concerning this matter, ple	rase call:		
SEAN C. SELK			561	228-1848	
_	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	
Enclose	ed is a check fo	r the following amount:			
□\$25 I	Filing Fee	S30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	■ \$60 Filing Fee, Certificate of Status & Certified Copy	

CR2E062 (9/15)

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: _____ The Florida Document number of the limited liability company is: L24000202868 SECOND: Document to be corrected is:____ARTICLES OF INCORPORATION THIRD: (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 AMBR WAS INCORRECTLY STATED TO BE "WATERS EDGE PROPERTIES OF FLORIDA, LP". THE CORRECT AMBR IS "TOM SIMICH" as an individual. This mistake was a clerical error and error leavily made a limited partnership associated with Simich as the owner. This was not the intended effect. \underline{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. enature of Authorized Representative 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:

Certified Copy:

\$25.00

\$30.00 (optional)