From:) 5/29/24 5-26	PM 2 Florida Department of State Division of Corporations Electronic Filing Cover Sheet
	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.
	(((H24000190337 3)))
	H240001903373ABCS Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : HINES NORMAN HINES P.L. COMPACTION Number : I20000000107 Phone : (813)251-8659 Fax Number : (813)254-6153 Forming Fax Number : (813)254-6153 Fax Number : (813)254-6153 Fax Number : (813)254-6153 Forming Fax Number : (813)254-6153 Forming Fax Number : (813)254-6153 Fax Number : (813)254-6153 Forming Fax Number : (813)254-6153 Forming

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FORG47 LLC

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Help

K. SALY

JUN - 6 2024

(((H24000190337 3)))

	STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY		
	at to section 605.0209, F.S., this document is being submitted to correct a previously filed document of P		
<u>FIRST</u>	: The name of the limited liability company is: FORG47 LLC		
SECON			
THIRD	Articles of Organization 2. Document to be corrected is:		
,	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT		
Q	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:		
	The incorrect statement is all of Article IV. The corrected statement is: The name and address of the person		
	authorized to manage LLC: Lahnie Johnson, 6900 Interbay Blvd., Tampa, FL 33616, Title: Manager		
ı			
	OR		
- -	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:		
	<u>OR</u>		
	The electronic transmission of the record was defective.		
	1/27 Light (1/2) 5/24/24 Signature of Authorized Representative Date		
Signatur acceptin	$\ell = \bigcup$ registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign ig the designation).		
<u>New Registered Agent's Signature, if changing Registered Agent:</u> 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)

CR2E062 (9/15)