

L24000241259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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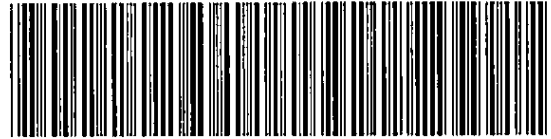
(Business Entity Name)

(Document Number)

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2024 JUL 26 PM 3:37
STATE
OFFICE, FL

R. HUNT

07/26/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISAIAH 263 AT SW 106 TERRACE 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:

Ramon E. Javier

Name of Person

ISAIAH 263 AT SW 106 TERRACE LLC

Firm/Company

15141 SW 113 TER

Address

Miami, FL 33196

City/State and Zip Code

Ramon.Javier69@gmail.com

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

For further information concerning this matter, please call:

Ramon E. Javier

Name of Person

954

Area Code

295-7422

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

FILED
JAN 1 2006 PM 3:37
TALLAHASSEE, FL

**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: ISAIAH 263 AT SW 106 TERRACE LLC

SECOND: The Florida Document number of the limited liability company is: L24000241259

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:

Article IV contains an incorrect spelling of the name of one the managing members.

The name is incorrectly spelled LUDYS T LÂ3PEZ JAVIER.

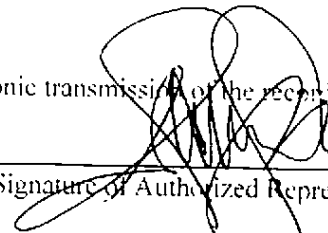
The correct spelling of the name is LUDYS T LOPEZ JAVIER.

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

7/20/2024

Date

CLD
JUL 26 PM 3:37
CLERK OF STATE
TALLAHASSEE, FL

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)