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.

(((H24000282875.3)))



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 : SHUFFIELD LOWMAN Account Number : I20030000118 : (407)581-9800 Fax Number : (407)581-9801

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: REGISTEREDAGENT-WRL@SHUFFIELDLOWMAN.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JJ ROUND LAKE, LLC

Certificate of Status	0
Certified Copy	()
Page Count	02
Estimated Charge	\$25.00

K. SALY

AUG 23 2024

Electronic Filing Menu — Corporate Filing Menu —

Help

((()

H24000281	(2875 3)))
	STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY Section 605.0209, F.S., this document is being submitted to correct a previously filed document of the correct o
	FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY 1. AM 2
Pursuant to	FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY AM 2: 5 section 605.0209, F.S., this document is being submitted to correct a previously filed document, AHASSEE FLORIO, the name of the limited liability company is:
<u>FIRST</u> : 11	the name of the limited hability company is:
SECOND:	The Florida Document number of the limited liability company is:
<u>l'HIRĐ</u> :	Document to be corrected is: ARTICLES OF ORGANIZATION, filed 7/30/2024
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
	ontains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected itement are as follows:
T	ne Manager and address of the Manager of the Company were incorrectly stated.
71	ne correct Manager of the Company is Jason James, whose address is 217 N. Westmonte Dr., Ste 1007, Altamonte
Sı	prings, FL 32714.
<u>O</u>	<u>k</u>
	as defectively signed. The manner in which the document was defectively signed and the appropriate correction are follows:
_	Museum
_	
_	
<u>O</u>	\mathbf{R}

Signature of new registered agent, if applicable at NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

The electronic transmission of the record was defective.

Signature of Authorized Representative

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 hability company has been notified in writing of this change.

Registered Agent's Signature

Filing Fee: Certified Copy:

\$25,00

\$30,00 (optional)

8/21/2024

Date

☑