L240003847833

(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:					
Juy CM.					
OCK about name.					

Office Use Only

name avail too



800440718118

12/09/24--01022--008 **30.00

SECRETARY OF STATE TALLAHASSEE, FL



COVER LETTER

TO: Registration So Division of Co					
SUBJECT:	FOW FLLL	C . Name of Limited Liab	oility Company		
Dear Sir or Madam:					
The enclosed Statement	of Correction and fee(s) a	re submitted for filin	g.		
Please return all corresp	ondence concerning this n	natter to the following	<u>π</u> :		
Sylvester	JONES Name of Person		-		
	Firm/Company		-	C)	202
14701 BA	Address PAR	K BIVE	- \	ORETAI FALLAH	4 DEC -
JACKSONVIL		58		ORETAKY OF STAT FALLAHASSEE, FL	2024 DEC -9 PK 3: 26
	water OGMA	I.Com	_	FL	: 26
For further information	concerning this matter, ple	ease call:			
Sylvester J	ones of Person	at (904 Area Code) 7882313 Daytime Telephone Number		
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27		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	r the following amount:				
25 Filing Fee	(N) \$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	☐ S60 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: The Florida Document number of the limited liability company is: _ L 2400038433 SECOND: Document to be corrected is: ELectronic Articles of Organization THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT 0 Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: OW FLLLC. THE Corrected NAME is Foreign on Water FLILC Title MGR Foreignon Water and Address weeds to be removed JUSTER JONES NEEDS to be Added AS
1470/ BARTRAM PARK BIVE
UNIT 10:21 OR UNIT 1071

TACKSONVILLE FL; 32258

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. 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. R(eg)stered Agent's Signature

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)

CR2E062 (9/15)