

Division of Corporations

Electronic Filing Cover Sheet

111

(((H24000364300 3)))

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 550 S LAKEVIEW 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:

EDUARDO FERNANDEZ, ESQ.

\_\_\_\_\_  
Name of Person

FERNANDEZ LEGAL

\_\_\_\_\_  
Firm/Company

135 W. CENTRAL BLVD.

\_\_\_\_\_  
Address

ORLANDO, FL 32801

\_\_\_\_\_  
City/State and Zip Code

nick@4acre.com

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

For further information concerning this matter, please call:

EDUARDO FERNANDEZ, ESQ.

407

5745009

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|

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**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: 550 S LAKEVIEW LLC

**SECOND:** The Florida Document number of the limited liability company is: L24000445758

**THIRD:** Document to be corrected is: Electronic 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:

REMOVE ALL AUTHORIZED PERSONS: Title: MGR, CHOU, COLIN - Title: MGR, STEPHENSON, KEITH

Title: MGR, FOURAKER, NICHOLAS - Title: MGR, PATEL, SAMER, AND REPLACE WITH:

Title: MGR, 4 ACRE PROPERTY SERVICES LLC Address: 1818 E ROBINSON ST ORLANDO, FL 32803

**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.

*Nicholas Fouraker*

10/31/2024

Signature of Authorized Representative

Date

APPROVED  
AND  
FILED  
2024 NOV - 1 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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)**

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