Buchanan Ingersoll Rooney 4125621041
Division of Corporations

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.

(((H24000391508 3)))



H240003915083ABC%

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:

Fax Number

Account Name : BUCHANAN INGERSOLL & ROONEY PC - TAMPA OFFICE

Account Number : I19990000148

Phone

: (813)769-7692 : (813)223-6121

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

Fmail	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PETROS IDLEWILD RE, LLC

	كنائنك المحروف مستحصيات
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit No. H24000391508 3

## STATEMENT OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		ction 605.0209, F.S., this document is being submitte	· · · · · · · · · · · · · · · · · · ·	ocument.					
<u>FIR\$T</u>	[: The n	ame of the limited liability company is:	ld RE LLC						
<u>SECO</u>	ND:	The Florida Document number of the limited liab	lity company is:			<u>_</u>			
THIR	<u>D</u> :	Document to be corrected is:Articles of Organiza	A						
	_	CHECK THE APPROPRIATE BOX AND COM	PLETE THE APPLICABLE	STATEM	ENT				
<b>S</b> I	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:								
	Article IV is incorrectly titled as "Effective Date." This Article should instead read as follows:								
	"ART	TICLE IV							
	Mana	gement"				<del></del>			
	<u>OR</u>					<del></del>			
	was co	lefectively signed. The manner in which the docume lows:	nt was defectively signed and the	e appropri	ate co	mection are			
				, <b>j</b> T	,024				
	<u>OR</u>				10V 25	FILED			
	The e	lectronic transmission of the record was defective.		:					
	/s/ Pe	ter Georgiadis	11/25	/2024	<u> </u>	_			
		Signature of Authorized Representative	Date		147				
		ew registered agent, if applicable :( NOTE: if correct designation).	ing the registered agent, the new	registered		t must sign			
I hereh provisi obligat reflect	oy acceptions of a tions of	ed Agent's Signature, if changing Registered Agent: of the uppointment as registered agent and agree to a all statutes relative to the proper and complete performy position as registered agent as provided for in Claye in the registered office address, I hereby confirm t	mance of my duties, and I am fa napter 605, F.S. Or, if this docu	miliar with nent is bei	h and ng file	accept the d to merely			
		Registered Age	nt's Signature	_					
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)						

Fax Audit No. H24000391508 3