

L25000353498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

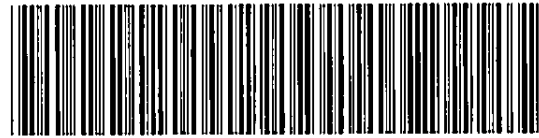
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
AUG 21 2025

Office Use Only



600452482126

2025 AUG 23 AM 11:38

FILED

2025 AUG 26 PM 3:09
JUL 26 2025
FALLS CHURCH, VA

2025 AUG 26 PM 3:09

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account: 120210000160: \$25.00

Authorization Signature Ja Lee

19664 SW 324 STREET, LLC L25000353498

Business Name #Document

Walk in _____ Will wait

___ Certified Copy of the filing

___ Certificate of Status:

NEW FILINGS

___ Profit
___ Not for Profit
___ LLC
___ Domestication
___ INC
___ CORP
___ PLLC

AMENDMENTS

___ Amendment
___ Resignation of R.A.
___ Change of Registered Agent
___ Revocation of Dissolution
___ Conversion
___ X Statement of Correction
___ Merger

___ REVOCATION OF DISSOLUTION

OTHER FILINGS

___ TRANSMITTAL LETTER
___ Fictitious Name
___ Statement of Authority

APOSTIL _____
___ Other

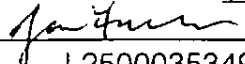
COUNTRY _____

REGISTRATION/QUALIFICATIONS

___ Foreign Filing
___ Partnership
___ Reinstated Articles of Organization
___ Statement of CORRECTION
___ Domestication of a Foreign Corp_

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 19664 SW 324 STREET, 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:

Sandra Z. Green, Esq.

Name of Person

JONATHAN H. GREEN & ASSOCIATES, P.A.

Firm/Company

901 Ponce de Leon Boulevard, Suite 303

Address

Coral Gables, Florida 33134

City/State and Zip Code

szg@jhglaw.com

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

For further information concerning this matter, please call:

Sandra Z. Green

305 372-5100
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:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 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. 2025 A1 25 AM 11:38

FIRST: The name of the limited liability company is: 19664 SW 324 STREET, LLC

SECOND: The Florida Document number of the limited liability company is: L25000353498

THIRD: Document to be corrected is: Electronic Articles of Organization filed July 31, 2025.

(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:

Incorrect Statement: MGR: LA ESTATES FAMILY LLLP.

Reason Incorrect: LA ESTATES FAMILY LLLP is NOT the correct MGR.

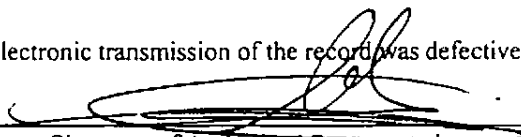
Corrected Statement: MGR: Beatriz Soler, Trustee of the Beatriz Soler Revocable Living Trust.

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

08.26.2025

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)