

MISSOURI 6874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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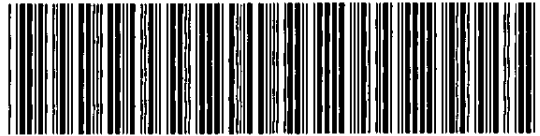
(Business Entity Name)

(Document Number)

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2015 SEP 30 A 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 01 2015

S MASON

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 812000 7100061

AUTHORIZATION

COST LIMIT : \$25.00

ORDER DATE : September 30, 2015

ORDER TIME : 2:10 PM

ORDER NO. : 812000-005

CUSTOMER NO: 7100061

FOREIGN FILINGS

NAME: DISCOVERY ASTON GARDENS  
LESSEE LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

**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: DISCOVERY ASTON GARDENS  
LESSEE LLC

**SECOND:** The Florida Document number of the limited liability company is: M15000006874

**THIRD:** Document to be corrected is:  
APPLICATION TO TRANSACT BUSINESS IN FLORIDA

**(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:

8. THE TITLE OF THE SIGNERS ON THE APPLICATION SHOULD BE

LISTED AS MANAGER.

**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.

Ray Goldman  
Signature of Authorized Representative

September 30, 2015  
Date

2015 SEP 30 A 10:48  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

**FILED**

Filing Fee: \$25.00  
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