

# Mile 00000 1802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

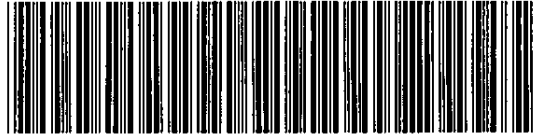
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900288572429

RECEIVED  
2016 OCT 27 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
16 OCT 27 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 28 2016  
J. HARRIS

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

ACCOUNT NO. : I20000000195  
REFERENCE : 347177 5168766  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

ORDER DATE : October 26, 2016  
ORDER TIME : 10:08 AM  
ORDER NO. : 347177-015  
CUSTOMER NO: 5168766

FOREIGN FILINGS

NAME: 37 GABLES PROPERTY 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: Melissa Zender -- EXT# 62956

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: 37 Gables Property LLC

**SECOND:** The Florida Document number of the limited liability company is: M16000001802

**THIRD:** Document to be corrected is: Application by Foreign Limited Liability Company for Authorization 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:  
Item 7 incorrectly lists Curtis Pollock as President and Jeffrey Simpson as Vice President.  
Their correct titles are Jeffrey Simpson, President and Curtis Pollock Vice President.  
The corrected and complete list of persons who have authority to manage is attached hereto as Exhibit A.

**OR**

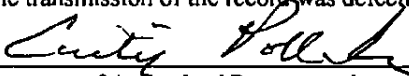
Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
16 OCT 27 AM 9:01  
SECOND JURY OF STATE  
TALLAHASSEE, FLORIDA

**OR**

The electronic transmission of the record was defective.

 10/25/16  
Signature of Authorized Representative Date  
Curtis Pollock

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)

**EXHIBIT A**

7. The name, title or capacity and address of the person(s) who has/have the authority to manage is/are:

Jeffrey Simpson, President, 152 W 57<sup>th</sup> St., 60<sup>th</sup> Fl., New York, NY 10019

Curtis Pollock, Vice President, 152 W 57<sup>th</sup> St., 60<sup>th</sup> Fl., New York, NY 10019

Lisa Schwartz, Vice President & Secretary, 152 W 57<sup>th</sup> St., 60<sup>th</sup> Fl., New York, NY 10019

FILED  
16 OCT 27 AM 9: 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA