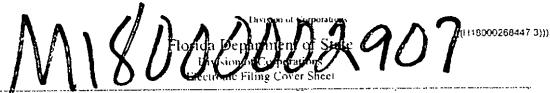
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Division of Corporations

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process and the second of the second state of LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LHRN, LLC

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19043399504 From: ADVOS legal plic

COVER LETTER

TO: Registral Division					
SUBJECT:	IIRN	I, LLC			
3c botter			ame of Limited Liabi	lity (Company
Dear Sir or Mada	m:				
The enclosed Stat	ement o	Correction and fee(s) an	e submitted for filing.		
Please return all c	onespoi	ndence concerning this m	atter to the following:	:	
Gwen (Grig	gs			
		Name of Person			
ADVOS	Sle				
		Firm/Company			
5000 Say	wgra	ss Village Cir	cle, Suite 7		
•		Address			
Ponte \	/edi	ra Beach, F	FL 32082		
	Cit	y/State and Zip Code	-		
		advoslegal			
E-mail add	ress; (to	be used for future annual	report notification)		
For further infort	nation co	meerning this matter, plea	ase call:		
Gwen	Gric	ıqs	904	, 5	67-5311
	Name of		Area Code	.,	Daytime Telephone Number
STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, Flor	ion orations Center C	irele		Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314
Enclosed is a ch	eck for t	the following amount:			
S25 Filing Fo	ec	S30 Filing Fee & Certificate of Status	S55 Filing Fee Certified Copy	X.	S60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (9/15)					

(((H18000268447 3)))

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	ection 605,0209, F.S., this document is being submitted name of the limited liability company is: LIIRN, L	
SECOND: THIRD:	The Florida Document number of the limited liability Document to be corrected is: [CHECK THE APPROPRIATE BOX AND COMP	n LLC for Authorization to Transact Business in FE
state Th	tains an incorrect statement. The incorrect statement, the ment are as follows: nere should not be a comma in the name of the company should	the name of the company.
OR Was as fo	s defectively signed. The manner in which the documen ollows:	t was defectively signed and the appropriate correction are
<u>OR</u> ☐ The	electronic transmission of the record was defective. Add. C. M. Signature of Authorized Representative	9/17/18 Date
New Registe Thereby according to the provisions of the provisions	new registered agent, if applicable :(NOTE: if corrective designation). med Agent's Signature, if changing Registered Agent: ept the appointment as registered agent and agree to act all statutes relative to the proper and complete perform for my position as registered agent as provided for in Change in the registered affice address, I hereby confirm the	nance of my duties, and I am familiar with and accept the apter 605, F.S. Or, if this document is being filed to merely at the limited liability company has been notified in writing

To: Florida Department of State Page 4 of 4

850-617-6381

9/17/2018 12:39:43 PM PAGE 1/001 Fax Server



September 17, 2018

FLORIDA DEPARTMENT OF STATE Division of Corporations

LIIRN, LLC 131 E BAY STREET JACKSONVILLE, FL 32202US

SUBJECT: LITRN, LLC REF: M18000002907

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H18000268447 Letter Number: 518A00019315