Division of Corporations

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## Florida Department of State

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Account Number : 073222003555 Phone : (561)686-3307 Fax Number : (561)290-159)

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ENTERPRISE DRIVE LAND, LLC

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JUL 10 ZOIR

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

Pursuai	nt to sec The me	name of the limited liability company is: Enterprise Drive Land, LLC	<del></del> -	
SECO!		The Florida Document number of the limited liability company is:    M1800006118   Document to be corrected is:   Application for Authorization to Transact Business.		
		(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	<b>-</b>	
×	statem	tains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the comment are as follows:	; <del>==</del>	
	The	e incorrect statement: Enterprise Drive Partners, LLC, Manag	er.	
	The	e statement was made in error.	<u></u>	
	The	e correct statement: Enterprise Drive Manager, LLC, Manage	r 厚	
	<u>OR</u>		. <del>1</del> 2	
		defectively signed. The manner in which the document was defectively signed and the appropriate of ollows:	orrection are	
	<u>OR</u>			
	The c	electronic transmission of the record was defective.		
		Signature of Authorized Representative Date		
Signat accept	ure of n	new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered age e designation).	nt must sign	
I here provis obliga reflect	by acceptions of	ored Agent's Signature, if changing Registered Agent: sept the appointment as registered agent and agree to act in this capacity. I further agree to comply wi of all statutes relative to the proper and complete performance of my duties, and I am familiar with and of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being fi inge in the registered office address, I hereby confirm that the limited liability company has been notif ige.	led to merely	
	Registered Agent's Signature			
		Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		