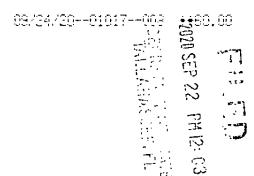
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(Requestor's Name)
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OCT 31 2020

COVER LETTER

TO: Registration Division of O						
SUBJECT:	Peuland Propert	ties LLC	bility Company	_		
	,	vame or isinited that	onity Company			
Dear Sir or Madam:						
The enclosed Stateme	nt of Correction and fee(s) a	are submitted for filin	ığ.			
Please return all corre	spondence concerning this i	natter to the followin	g:			
Chris	Name of Person					
	Rame of Person Rosperties Firm/Company		_			
2516	Bayvicu D	1/40	_			
Fort Lande	rdAU FL 333 City/State and Zip Code	05	_	TWI.	2020 S	أحاث ،،
	city/State and Zip Code Lu/And @ sx/look (to be used for future annua		_		1920 SEP 22 PH 12: 014	
For further informatio	n concerning this matter, pl	ease call:		ric Fre	C!+	
	ne of Person	at (<u>208</u> Area Code	Daytime Telephone Number	_		
P.O. Box 6	n Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	te 810		
Enclosed is a check f	or 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. **FIRST**: The name of the limited liability company is: The Florida Document number of the limited liability company is: MX0000008011 SECOND: Document to be corrected is: Application by Foreign LLC to Transact THIRD: (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: MANAGER AND Member When OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. Signature of Authorized Representative 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: Certified Copy: \$25.00

\$30.00 (optional)