

N/21000003386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

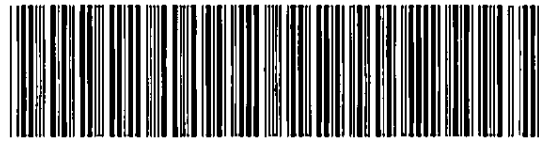
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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JUN 29 AM 10:13
TALLAHASSEE, FL

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2021 JUN 29 PM 3:41
TALLAHASSEE, FL

Incorporating Services, Ltd.
1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
850.656.7953

REQUEST DATE 6/29/2021

PRIORITY Regular Approval

OUR REF. # (Order ID#) 931033

ORDER ENTITY
AVA ORLANDO, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
AVA ORLANDO, LLC (FL)

File the attached correction document

NOTES:
\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.
If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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: AVA Orlando, LLC

SECOND: The Florida Document number of the limited liability company is: M21000003386

THIRD: Document to be corrected is: Application by Foreign LLC for Authorization to Transact Business in FL

(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. For initial indexing purposes, list names, title or capacity and addresses of the primary member/managers or

persons authorized to manage: Title or Capacity: Manager Name and Address: Riviera Dining Group LLC

800 Lincoln Road, Suite 300, Miami Beach, FL 33139

OR

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

119
11/10/13
STATE
FL

OR

The electronic transmission of the record was defective.

DocuSigned by:
ggaly 6/28/2021

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: \$25.00
Certified Copy: \$30.00 (optional)**