

M210000/4886
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H24000371390 3)))



H240003713903ABCS

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

2024 NOV -7 PM 3:01
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
2024 NOV -7 PM 2:46
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GAINESVILLE NW 53RD AVE L.C.C.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

K. SALY

NOV - 8 2024

**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: GAINESVILLE NW 53RD AVE L.C.C.

SECOND: The Florida Document number of the limited liability company is: M21000014886

THIRD: Document to be corrected is: Application for Authority

(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:

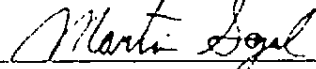
The entity name should be: Gainesville NW 53rd Ave LLC

OR

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

OR

☐ The electronic transmission of the record was defective.


Signature of Authorized Representative

11/4/2024

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)**

609-984-6851

09:39:41 a.m. 11-04-2024

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
FILING CERTIFICATION (CERTIFIED COPY)
0450721653

GAINESVILLE NW 53RD AVE LLC

I, the Treasurer of the State of New Jersey,
do hereby certify, that the above named business
did file and record in this department the below
listed document(s) and that the foregoing is a
true copy of the
Certificate of Correction
Filed in this office
November 1, 2024
as the same is taken from and compared with the
original(s) filed in this office on the date set
forth on each instrument and now remaining on file
and of record in my office.



Certificate Number: 145844835

Verify this certificate online at

<https://www.njportal.com/DOR/businessrecords/Validate.aspx>

IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
4th day of November, 2024

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

FILED
2024 NOV - 7 PM 3:01
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TALLAHASSEE, FLORIDA

609-984-6851

09:39:56 a.m. 11-04-2024

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L-108 NJSA 42 (03/2013)

New Jersey Division of Revenue & Enterprise Services
CERTIFICATE OF CORRECTION
 Limited Liability Company

FILED

NOV 1 2024

STATE TREASURER

To file electronically:

1. Enter the information requested below and sign by typing your name in the signature field. The form can only be filled in using the free Adobe Acrobat Reader 9.1 or greater. (See the pages following this form for field by field instructions and notes on delivery and processing of work requests.)
2. Click the "Add Attachments" button to add attachments if required. (Check the field by field instructions to see if you must include an attachment(s).)
3. After the form has been filled in properly, please save a copy to your computer so that you can upload the form to the State of New Jersey Division of Revenue & Enterprise Services Central Forms Repository Web application by following the instructions in the next step.
4. Click the "Open the Central Forms Repository Home Page to start the Form Submission Process" button at the bottom of the form. (This action will launch the State of New Jersey Division of Revenue & Enterprise Services Central Forms Repository Web application. If you have not created an account in the application you will need to do so before using the online Web application. Once your account is created, please login to the application and follow the instructions for submitting your form and payment online.)

This form may be used to correct a Certificate of Formation of a Limited Liability Company on file with the Department of the Treasury, Division of Revenue and Enterprise Services. Applicants must insure strict compliance with NJSA 42, the New Jersey Limited Liability Act, and insure that all applicable filing requirements are met.

1. Name of Limited Liability Company:

Gainesville NW 53rd Ave L.L.C.

0450721653

2. NJ 10 Digit ID Number:

0450721653

3. Correction to the Certificate of Formation (provide attachments if needed):

a. Article being corrected: Certificate of Formation

b. Certificate of Formation is corrected as follows (provide attachments if needed):

The name should be corrected to: Gainesville NW 53rd Ave LLC

4. Other Provisions:

The undersigned represent(s) that this filing complies with State law as detailed in NJSA 42 and that they are authorized to sign this form on behalf of the Limited Liability Company.

Signature: Martin SegalName: Martin SegalDate: 10/29/2024