

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

M220001437823880

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

From:
 Account Name : CAPITOL SERVICES, INC.
 Account Number : I2016000017
 Phone : (855)498-5500
 Fax Number : (800)432-3622

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 360 11TH STREET OWNER, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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**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: 360 11th Street, LLC

SECOND: The Florida Document number of the limited liability company is: M22000003880

THIRD: Document to be corrected is: Application by Foreign Limited Liability Company for Authorization to Tran

(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:

Item 1, the name of Foreign LLC has a comma between Owner and LLC. There is no comma in the entity name

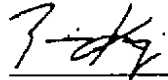
filed with the State of Delaware. The entity name should read: 360 11th Street Owner LLC

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.



4/20/2022

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)**

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