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Division of Corporations

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From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Phone Fax Number : (800)432-3622

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

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COVER LETTER H22000143782

	Registration Division of C	Section Torporations		
	360 11tl	h Street Owner LLC		
SUBJEC	Т:		Name of Limited Liab	ility Company
Deser Sir o	r Madam;			
		at of Correction and facts) a	re cubmitted for filing	
		nt of Correction and fee(s) a		
lease reti	um all come	spondence concerning this m	latter to the following	:
Mclanic 1	l'oquica			
		Name of Person	· · · · · · · · · · · · · · · · · · ·	-
ZMR Cap	oital			
		Firm/Company		-
2002 N. T	l'ampa Stree	et, Suite 110		
		Address		-
Tampa, F	lorida 3360	2		
	_	City/State and Zip Code		_
melanie@)zmrcapital.	com		
E-m	ail address:	(to be used for future annual	report notification)	-
For fu rt he	r informatio	on concerning this matter, ple	ase call:	
Mary V.		<u>, , , , , , , , , , , , , , , , , , , </u>	727 at (999-9900 ext 3175 Daytime Telephone Number
	Nan	ne of Person	Area Code	Daytime Telephone Number
	Mailing Ado			Street Address:
Registration Section			Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	
		-,		Tallahassee, FL 32303
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H22000143782

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	to section 605.0209, F.S., this d		to correct a previously filed docur	ment.				
SECONI THIRD:	D: The Florida Document of Document to be correct	number of the limited liabil Application by Foreiged is:	ity company is: M22000003880 n Limited Liability Company for At	thorization to Tran				
S	Contains an incorrect statement, statement are as follows:	The incorrect statement, the	PLETE THE APPLICABLE ST	t, and the corrected				
-	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 mass follows:	anner in which the docume	nt was defectively signed and the a		on are			
	OR The electronic transmission of the	ne record was defective.	4/20/2022	2022 APR 20 PM 1	AND FILED			
	Signature of Authorize of new registered agent, if app g the designation).	red Representative licable:(NOTE: if correction	Date	gistered agent must	sign			
New Reg I hereby provision	vistered Agent's Signature, if cha accept the appointment as regis as of all statutes relative to the p ans of my position as registered change in the registered office of	stered agent and agree to a proper and complete perfor agent as provided for in Ch	ct in this capacity. I further agree mance of my duties, and I am fami apter 605, F.S. Or, if this docume act the limited liability company ho	liar with and accep nt is being filed to n	nereiy			
		Registered Ager	nt's Signature	_				
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)					