

M22000004361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

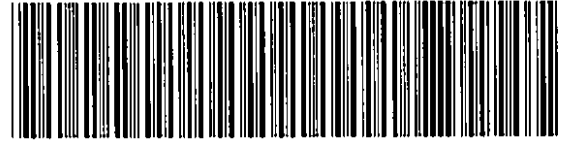
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only

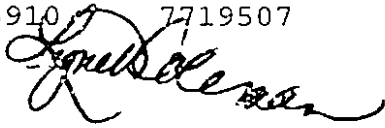


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FILED
2024 FEB -2 AM 10:51
TALLAHASSEE, FLORIDA

RECEIVED
2024 FEB -2 PM 3:21
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 305910 7719507
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : February 2, 2024
ORDER TIME : :59 PM
ORDER NO. : 305910-005
CUSTOMER NO: 7719507

FOREIGN FILINGS

NAME: M-2699 S. BAYSHORE OWNER, LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M-2699 S BAYSHORE OWNER LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CASON FRANCIS
Name of Person

M-2699 S BAYSHORE OWNER LLC
Firm/Company

1550 BISCAYNE BLVD Ste 300
Address

Miami, FL 33132
City/State and Zip Code

cfancis@cmerealestate.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CASON FRANCIS at (305) 400-7367
Name of Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for 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: M-2699 S. BAYSHORE OWNER, LLC

SECOND: The Florida Document number of the limited liability company is: M22000004361

THIRD: Document to be corrected is: M-2699 S. BAYSHORE OWNER, LLC

(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:

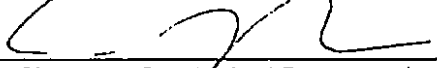
THE ENTITY NAME CONTAINS A PERIOD AFTER THE S
AND IT IS NOT SUPPOSED TO HAVE A PERIOD. THE CORRECT
NAME OF THE ENTITY IS M-2699 S BAYSHORE OWNER, LLC.

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.


Signature of Authorized Representative

2/2/24
Date

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TALLAHASSEE, FLORIDA

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)