

M22000014942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

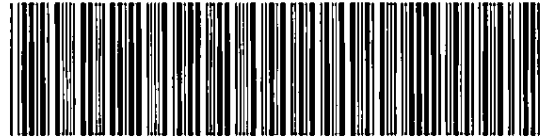
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Free correction due to
name being Accepted in
error originally

KB

Office Use Only



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2023 MAY -5 AM 9:04

RECEIVED
MAY 5 2023
FILED



* please see attached.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2023

WATSON SEWELL PL
ATTN: ROXANE MACKIN
5410 E. CO. HWY. 30A, STE. 201
SANTA ROSE BEACH, FL 32459

LMN PROPERTIES, LLC

This is to advise you that on September 21, 2022, we filed your entity under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your entity to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6051.

Sincerely,

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor
Registration Section

Letter Number: 323A00005533

RECEIVED
APR 21 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LMN Properties, 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:

Name of Person

Watson Sewell, PL

Firm/Company

5410 E. Co. Hwy 30A, Ste. 201

Address

Seagrove, FL 32459

City/State and Zip Code

dawn@watsonsewell.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dawn Medina

Name of Person

at (850)

Area Code

231-3465

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:

N/A

☐ \$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: LMN Properties, LLC

SECOND: The Florida Document number of the limited liability company is: M22000014942

THIRD: Document to be corrected is: Name

(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:

Per request from Kyle D. Brumbley, the name was not available. Therefore, the new name going forward should be: LMN Development Properties, 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]
Signature of Authorized Representative

Date

2023 MAY -5 AM 9:14

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)