

# M23000008352

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

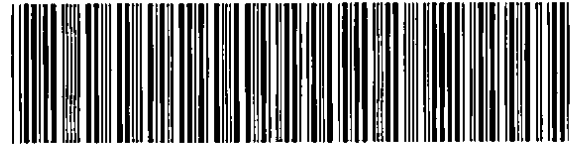
\_\_\_\_\_  
(Document Number)

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2023 JUN 30 PM

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2023 JUN 30 PM 4:06  
TALLAHASSEE, FLORIDA

**CT CORP**  
**(850)656-4724**  
**3458 Lakeshore Drive,**  
**Tallahassee, FL 32312**

**Date:** 06/30/2023

Acc#I20160000072

*mic DW*

Name:	THE RIVER POINTE APARTMENTS, LLC
Document #:	
Order #:	14991787

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
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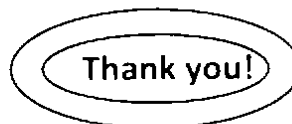
Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
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Availability _____
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Ref# _____

Amount: \$ **25.00**



**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

2023 JUN 30 PM 3:11  
SECRETARY  
TALLAHASSEE

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: \_\_\_\_\_  
The River Pointe Apartments, LLC

**SECOND:** The Florida Document number of the limited liability company is: M23000008352  
Application by Foreign Limited Liability Company for

**THIRD:** Document to be corrected is: Authorization to Transact Business in Florida

**(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:

In paragraph 4, the date first transacted business in Florida was inadvertently omitted and should be stated as:

"4. The date first transacted business in Florida is June 27, 2023."

**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

6-30-23  
\_\_\_\_\_  
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)**