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Division of Conjorations.



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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.

SECOND: The Florida Document number of the limited liability company is: M23000011245

Qualification of Foreign LLC Document to be corrected is: THIRD:

(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 $\Box x$ statement are as follows:

The Manager was incorrectly listed as: MICHAEL SECKLET - 55 WATER ST. 29TH FLOOR NEW YORK, NY 10041

The correct Manager is: MICHAEU SECKLER - 55 WATER ST, 29TH FLOOR NEW YORK, NY 10041

<u>O</u>R

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: Ξ,

OR

The electronic transmission of the record was defective.

| John Penez | John Perez, Attorney-in-Fact | 09/18/2023 | |
|---------------------------|------------------------------|------------|--|
| Signature of Authorized R | epresentative | Date | |

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

<u>New Registered Agent's Signature, if changing Registered Agent:</u> 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) |