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|        | Account Number           | : 076117000420                                   |
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BANYAN DEPOT LANE, LLC

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

|                    |               | tion 605.0209, F.S., this document is being submit  |   |  |  |  |
|--------------------|---------------|---|---|--|--|--|
| FIRST              | · The no      | ame of the limited liability company is: BANYAN E   | DEPOT LANE, LLC   |  |  |  |
| TIND               | 1710 110      | and of the filling company is:  |   |  |  |  |
|                    |               |   |   |  |  |  |
| SECO               | ND:           | The Florida Document number of the limited liab   | oility company is: M23000011594   |  |  |  |
| THIR               | D:            | Document to be corrected is: Application by LLC   | for Authorization to Transact Business in Florida   |  |  |  |
|                    |               |   |   |  |  |  |
|                    | (             | CHECK THE APPROPRIATE BOX AND COM   | MPLETE THE APPLICABLE STATEMENT   |  |  |  |
| o                  |               | ins an incorrect statement. The incorrect statement ent are as follows:   | the reason the statement is incorrect, and the corrected  |  |  |  |
|                    |               |   |   |  |  |  |
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|                    | <del></del> _ |   |   |  |  |  |
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| o<br>O             |               | defectively signed. The manner in which the document was defectively signed and the appropriate correction are obliows: |   |  |  |  |
|                    | The na        | une of the Authorized Person was spelled incorrectly.   | As corrected, the signature block is as follows:  |  |  |  |
|                    | /s/ Sco       | tt Liebman  |   |  |  |  |
|                    | Scott I       | Liebman, President of Manager   |   |  |  |  |
|                    | <u>or</u>     |   |   |  |  |  |
| <b></b>            | The el        | ectronic transmission of the record was defective.  |   |  |  |  |
|                    | /s/ Sco       | nt Liebman, President of Manager  | 9/18/2023   |  |  |  |
|                    |               | Signature of Authorized Representative  | Date  |  |  |  |
|                    |               | ew registered agent, if applicable :( NOTE: if corrected esignation).   | eting the registered agent, the new registered agent must sign  |  |  |  |
| •                  | L             | ,   |   |  |  |  |
| I heret.           | у ассер.      | d Agent's Signature, if changing Registered Agent:<br>t the appointment as registered agent and agree to                | act in this capacity. I further agree to comply with the  |  |  |  |
| obligat<br>reflect | tions of i    | my position as registered agent as provided for in C  | ermance of my duties, and I am familiar with and accept the Chapter 605, F.S. Or, if this document is being filed to merely that the limited liability company has been notified in writing |  |  |  |
|                    |               | Registered Ag   | ent's Signature   |  |  |  |
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