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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Fax Number : (800)432-3622

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN US-STABLE-P2 15939 STATE ROAD 54 ODESSA, LLC

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COVER LETTER

TO:		istration S ision of C	Section orporations			
SUBJE	CT:	US-STA	BLE-P2 15939 State Road	54 Odessa,	LLC	
SODJE	C1.			Name of Lin	nited Lial	pility Company
Dear Sir	r or N	/ladam:				
The enc	losed	l Statemer	nt of Correction and fee(s)	are submitte	d for filin	g.
Please r	etum	all corres	pondence concerning this	matter to the	followin	g:
Megan	Crov	vley				
	-		Name of Person			-
Stablew	vood	Properties	i			
			Firm/Company			_
PO Box	t 112	8				
			Address			_
Buda, 1	ΓX 78	3610				
		-	City/State and Zip Code			_
megan.	crow	ley@stabi	ewoodproperties.com			
E-	-mail	address: (to be used for future annua	l report noti	fication)	_
For furt	her in	nformation	n concerning this matter, pl	ease call:		
Megan	Crov	vley			80	329-7419
		Nam	e of Person	at (Area Code	Daytime Telephone Number
	Reg Div P.C	vision of D. Box 6	n Section Corporations			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclose	ed is	a check fo	or the following amount:			
□\$25 F	Filing	Fce	□ \$30 Filing Fee & Certificate of Status	□\$55 Fili Certifi	ing Fee & ed Copy	 \$60 Filing Fee, Certificate of Status & Certified Copy

H24000020924

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		etion 605.0209, F.S., this document is being submitted		
FIRST	:The n	ame of the limited liability company is: US-STABLE-P	2 15939 State Road 34 Odessa, LLC	
SECOND:		The Florida Document number of the limited liabilit Document to be corrected is: Foreign Qualificication	y company is: <u>M2400000304</u>	
	1	CHECK THE APPROPRIATE BOX AND COMP	LETE THE APPLICABLE STATEMENT	
		ins an incorrect statement. The incorrect statement, the nent are as follows:	e reason the statement is incorrect, and the correcte	e d
	When	drafting the document, the name was meant to be "US-S"	FABLE-P2 15945 State Road 54 Odessa, LLC"	
	howe	ver it was mistakenly typed in as "US-STABLE-P2 15939	State Road 54 Odessa, LLC".	
	<u>OR</u>			
	Was o	defectively signed. The manner in which the document lows:	was defectively signed and the appropriate correct	tion are
			<u>ラシ</u> ・	5 111
	<u>or</u>		<u> </u>	P . T
0	The e	lectronic transmission of the record was defective.	1/12/2024	4: 01
		Signature of Authorized Representative	Date	•
New R I herel provise obliga	ing the o	ew registered agent, if applicable :(NOTE: if correctin designation). A Agent's Signature, if changing Registered Agent: of the appointment as registered agent and agree to act all statutes relative to the proper and complete perform my position as registered agent as provided for in Chage in the registered office address, I hereby confirm that	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and acce pter 605, F.S. Or, if this document is being filed to	, ept the merely
	change.			
		Registered Agent	s Signature	
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	

CR2E062 (9/15)

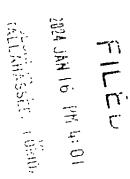
H24000020924

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Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CORRECTION OF "US-STABLE-P2 15939 STATE ROAD 54 ODESSA, LLC", CHANGING ITS NAME FROM "US-STABLE-P2 15939 STATE ROAD 54 ODESSA, LLC" TO "US-STABLE-P2 15945 STATE ROAD 54 ODESSA, LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF JANUARY, A.D. 2024, AT 12:55 O'CLOCK P.M.





2891652 8100 SR# 20240096736 Authentication: 202580377 Date: 01-11-24

H24000020924

State of Delaware Secretary of State Division of Corperations Delivered: 12:55 PM 91/11/2024 FILED 12:55 PM 91/13/2024 5R: 20240096736 - FBe Namber 2891682.

STATE OF DELAWARE CERTIFICATE OF CORRECTION OF A LIMITED LIABILITY COMPANY

TILE PHEOD The undersigned authorized person, liereby certifies as follows: The name of the limited liability company is US-STABLE-P2: 15939 State Road 54 Odessa, LLC A Certificate of Formation: was filed by the Secretary of State of Delaware on. 1/5/2024 Said Certificate requires correction as permitted by Section 18-211 of the Limited Liability Company Act of the State of Delaware. The inaccuracy or defect of said Certificate is (must give specific reason): When draffling the document, the name was maint to be "US-STABLE-P2 15945 State Road 54 Odessa, LLC" however it was mistakenty typed in as "US-STABLE-P2 15939 State Road 54 Odessa", LEC": Article 1, Heading, and Execution of the Certificate is corrected to read as follows: New heading with corrected name: US-STABLE-P2 15945 State Road 54 Odesas, LLC Article 1: "The name of the limited liability company is US-STABLE-P2 16945 State Road 54 Odessa, LLC New "in witness whereof" starting: "the undersigned has executed this Certificate of Formation of US-STABLE-P2 15945. State Road 54 Odessa, LLC this 5 day of January 2024. Authorized Person Name: Glenn Lowenstein

Print or Type