

M24000010145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

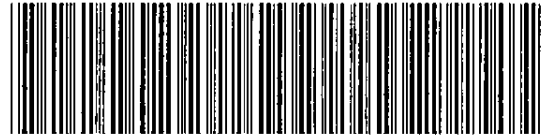
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000433801120

2024 AUG 13 AM 9:51
MICHIGAN STATE
UNIVERSITY

RECEIVED
2024 AUG 13 PM 3:45
MICHIGAN STATE
UNIVERSITY

R. HUNT

8/13/24



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 08/13/24
Order #: 1593976-1
Re: The Row On 3rd LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0- FL State Account Number:
120000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the "Enclosed please find:" section.

RECEIVED
DIVISION OF CORPORATIONS
STATE OF FLORIDA
AUG 13 AM 9:51

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE ROW ON 3RD 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:

David Salmonson

Name of Person

Salmonson Capital

Firm/Company

1691 Michigan Ave, Ste 445

Address

Miami Beach, FL 33139

City/State and Zip Code

david@salmansoncapital.com

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

For further information concerning this matter, please call:

David Salmonson

917

797-8307

at ()

Name of Person

Area Code

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:

- ☐ \$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: THE ROW ON 3RD LLC

SECOND: The Florida Document number of the limited liability company is: M24000010145

THIRD: Document to be corrected is: Application by Foreign Limited liability company for Authorization to tr

(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:

The inaccuracy or defect of Application is: Due to a clerical error, entity name for primary member in

Section 8 is misspelled, as to the word "Range". The incorrect statement corrected to read as follows,

"The Correct name of the primary member is "Orange and Blue JV 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.

David Salmonson

David Salmonson, Authorized Signatory

8/12/2024 9:51

Signature of Authorized Representative

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.

Shauna Godbolt

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)