

**4190003549813643**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000354981 3)))



H190003549813ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : FLORIDA CRYSTALS CORPORATION  
Account Number : 120100000019  
Phone : (561)366-5138  
Fax Number : (561)366-5180

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

RECEIVED

2019 DEC -9 PM 3:29

7/10/2019 10:00 AM

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2019 DEC 9 PM 10:27

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EATMIRA V, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

H190003549813

**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: BATMIRA V, LLC

**SECOND:** The Florida Document number of the limited liability company is: L19000278643

**THIRD:** Document to be corrected is: The Articles of Organization

**(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:

Article IV - The name and address of each person authorized to manage and control the Limited Liability Co.

The name listed as the "MGR" was incorrect.

The MGR is: FCI Residential Corporation, PO Box 3435, West Palm Beach, FL 33401

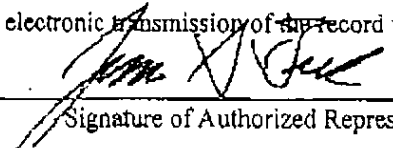
**OR**

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  
12/16/2019 Date

FILED  
2019 DEC - 9 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)