1/2

https://efile.sunbiz.org/scripts/efilcovr.exe

09-06-2022



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.

(((H22000303558 3)))



H220003035583ABC

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 : FISHER, TOUSEY, LEAS & BALL

Account Number : I19990000021 Phone : (904)356-2600 Fax Number : (904)355-0233

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

Email Address: murray@stokely.org

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PEAR HOMES, LLC

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

2022 SEP - 7 AM 11: 09

APPROVED AND FILED

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 39CB88F8-F037-415F-8D0F-860D81E44F30

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		ction 605.0209, F.S., this document is being submitted to Pear Home name of the limited liability company is:	•	t.	-		
SECON	ND:	The Florida Document number of the limited liabilit	y company is: 1.22000379214	· 	-		
THIRD:		Document to be corrected is:Articles of Organ	nization		_		
		(CHECK THE APPROPRIATE BOX AND COMPI	LETE THE APPLICABLE STATE	EMENT			
20		entains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected tement are as follows:					
		The Articles of Organization state the name of the enti-	ly is Pear Homes, LLC.		_		
		The name of the entity should state Pear Homes I, LLC			-		
		defectively signed. The manner in which the document lows:	was defectively signed and the appro	opriate correc	2022		
	•	electronic transmission of the record was defective.		PS PS			
5		hordonic dansmission of the focold was defective.	9/6/2022	97. - 0	,		
		Signature of Authorized Representative	Date				
New Re I hereby provision	ng the egister y acce ons of tions of	tew registered agent, if applicable: (NOTE: if correcting designation). ed 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 Change in the registered office address, I hereby confirm that	in this capacity. I further agree to co ance of my duties, and I am familiar over 605, F.S. Or, if this document is	mply with the with and acco being filed to	e ept the o merely		
Registered Agent's Signature							
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)				