

L14 0 06074268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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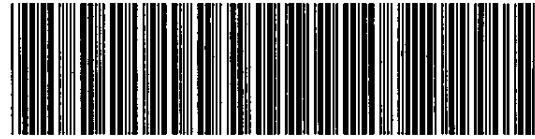
(Business Entity Name)

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S. J. ...  
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2612

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: GGT MIAMI, 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:

Antonio L. Roca

Name of Person

Roca Gonzalez, P.A.

Firm/Company

2601 S. Bayshore Drive, #725

Address

Miami, FL 33133

City/State and Zip Code

ckahl@rgpa.com

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

For further information concerning this matter, please call:

Carolyn Kahl

Name of Person

at ( 305 )

Area Code

859-6050

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

CR2E062 (2/14)

**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: GGT MIAMI, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000074268

**THIRD:** Document to be corrected is:  
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:

The Name of one of the Managers of the Company as listed in the Articles of

Organization is incomplete. The complete name is Carlo Gabriele Sargenti.

**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.

Carlo Gabriele Sargenti  
Signature of Authorized Representative

Date

16 JUL 30 11:10:30  
STATE OF FLORIDA  
SECRETARY OF STATE

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