

L180000 13297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

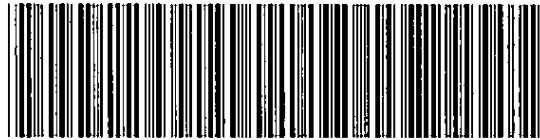
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUL 11 2018
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2018

THOMAS MARIE FRANCOIS RIVEYRAN
PLAZA LETAMENDI 36, 3-1
~~BARCELONA, SPAIN, 08007, ?~~

SUBJECT: MIAMI HOTEL SCHOOL OF INNOVATION, LLC
Ref. Number: L18000013297

We have received your document for MIAMI HOTEL SCHOOL OF INNOVATION, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

PLEASE STAY YOUR NAME IN THE DOCUMENT IN THE SECTION THAT
STATE INCORRECT STATEMENT

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 518A00012991

RECEIVED
18 JUL 10 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI HOTEL SCHOOL OF INNOVATION, 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:

Thomas Marie Francois Riveyran

Name of Person

Firm/Company

Plaza Letamendi 36, 3-1

Address

Barcelona, Spain, 08007

City/State and Zip Code

thomas.riveyran@gmail.com

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

For further information concerning this matter, please call:

Mariana Farill

Name of Person

+34

Area Code

645 320 441

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

**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: MIAMI HOTEL SCHOOL OF INNOVATION, LLC

SECOND: The Florida Document number of the limited liability company is: L18000013297

THIRD: Document to be corrected is: Articles of Organization, Amendment

(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:

I am incorrectly listed as an AMBR on the Articles of Organization
and the Articles of Amendment to the Articles of Organization.
I am not and never have been a member of this company.

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 Date 06/27/2018

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)