L14000102615

(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

400261380954

07/02/14--01024--017 **50.00

2014 JUL -2 PM 12:53

JUL - 3 2014

CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3069 NW 30 STREET 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:

Eduardo Bofill JR.
Name of Person

Firm/Company

2901 NW 7 ave
Address

Miami FL 33127
City/State and Zip Code

eddie JR @ MSN.COM
E-mail address: (to be used for future annual report notification)

2014 JUL -2 PM 12:58

For further information concerning this matter, please call:

Eduardo Bofill at (305) 281-3596
Name of Person Area Code 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: 3069 NW 30 STREET LLC.

SECOND: The Florida Document number of the limited liability company is: L14000102615

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:

Effective Date should be 6.27.2014

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: 6.26.14

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