

1/18/2017

Division of Corporations

L1700001607
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ACCUMERA LLC
Account Number : I20090000079
Phone : (518)937-9117
Fax Number : (518)937-9128

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

Email Address: info@accumera.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
29 ICD, LLC

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JAN 19 2017

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**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: 29 ICD, LLC

SECOND: The Florida Document number of the limited liability company is: L17000001607

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 manager listed in article IV was incorrectly stated. The correct statement is:

Article IV: The name and address of person(s) authorized to manage LLC:

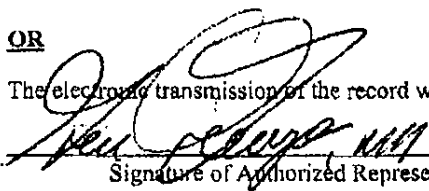
Title: AMBR, Three Stones, LLC, 2922 Avenue R, Brooklyn, NY 11229 US

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 1/13/17

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)**

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