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SECTION OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 68 Ivanhoe Investments, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary I. Nesbitt, Esq.

(Name of Person)

Fromberg, Perlow & Kornik, P.A.

(Firm/Company)

18901 Northeast 29th Avenue, Suite 100

(Address)

Aventura, Florida 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Gary I. Nesbitt, Esq.

(Name of Person)

at (305) 933-2000

(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 (08/05)

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
 68 Ivanhoe Investments, LLC

SECOND: The articles of organization or the application to transact business

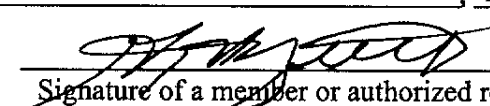
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
Article V is incorrect. The sole manager listed on file should be
Sky Rise Development Group, Inc. whose address is as follows:
19495 Biscayne Boulevard, Suite 501, Aventura, Florida 33180.

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: November 30, 2005



Signature of a member or authorized representative of a member

Gary I. Nesbitt

Typed or printed name of signee

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

05 DEC -5 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED