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MAY 05 2016 J SHIVERS

COVER LETTER

TO: Registration Section . Division of Corporations						
SUBJECT: Spanola Guites, LLC Same 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:						
Theolare Klein Name of Person						
throdore Hein, Atorney-At-law						
Firm/Company 8030 Peters Road, Suite D-104 Address						
Plantation, FL 33324						
City/State and Zip Code VOUNT VOUR VO						
For further information concerning this matter, please call:						
Edward A. Seltzen at (786) 553-922/ 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 \$\bigcup \text{\$\$30 Filing Fee & Certificate of Status}\$ \$\bigcup \text{\$\$10 \$\text{ Certificate of Status}\$ \$\bigcup \text{\$\$Certified Copy}\$ \$\bigcup \text{\$\$Certified Copy}\$ \$\bigcup \text{\$\$Certified Copy}\$						

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant	to section 605.0209, F.S., this document is being s	ubmitted to correct a previously filed docum	nent.	
FIRST: 1	The name of the limited liability company is:	spanola Equities		
		V		
SECONI	The Florida Document number of the limit	ed liability company is:	55549	
THIRD:	Document to be corrected is:	VILIZED PERSONS		
	(CHECK THE APPROPRIATE BOX ANI	O COMPLETE THE APPLICABLE STA	TEMENT	
	Contains an incorrect statement. The incorrect statement are as follows:	ement, the reason the statement is incorrect,	and the corrected	
_	Authorized Persons:	Add Managing Me. 1 790 NE Highway	nber,	
-	Beverly J. Anderson	1 790 NE Highway	41,	
-	WILLIAM 160 320			
<u>(</u>	<u>DR</u>			
	Vas defectively signed. The manner in which the os follows:	document was defectively signed and the ap	propriate correction are	
_			200	
_				
2	OR /		3 7 5	
	The electronic transmission of the record was defect	ctive.	(,	
_		4/26/,	16	
Signature accepting	Signature of Authorized Representative of new registered agent, if applicable (NOTE: if the designation).	Date / Date / Correcting the registered agent, the new reg	istered agent must sign	
I hereby of provision obligation	istered Agent's Signature, if changing Registered a accept the appointment as registered agent and agists of all statutes relative to the proper and complete as of my position as registered agent as provided finishing in the registered office address, I hereby counge.	ree to act in this capacity. I further agree to e performance of my duties, and I am famili or in Chapter 605, F.S. Or, if this document	ar with and accept the is being filed to merely	
Registered Agent's Signature				
	Filing Fee:	\$25.00		
	Certified Copy:	\$30.00 (optional)		