LU70000 58357

(Re	equestor's Name)	···		
(Address)				
(Ad	ldress)	- a.		
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				





000275839620

08/11/15--01004--009 **60.00



AUG 1 2 2015 J SHIVERS LAW OFFICES OF

SCOTT E. COHN, P.A.

800 S.E. 3RD AVENUE SUITE 200

FT. LAUDERDALE, FLORIDA 33316

TELPHONE: (954) 523-8787

FAX: (954) 523-5543

August 5, 2015

SCOTTECOHN@BELLSOUTH.NET

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

> RE: STATEMENT OF CORRECTION 860 SOUTH OCEAN, LLC LOT PROPERTY LLC ELKOR, LLC PODIUM US, LLC

Dear Sir or Madam:

Enclosed please find four checks in the amount of \$60.00 each representing the filing fees and certificate of status and certified copy for the enclosed statement of correction for each of the above LLC's.

Please process these requests and send the documents to our office at the above address.

Thank you for your assistance in this matter. Please contact our office at the above numbers should you require any additional information.

Very truly yours,

Scott E. Bonn

SEC/nfs enclosures

.

COVER LETTER

TO:

TO: Registration Division o	on Section of Corporations				
SUBJECT: 860	SOUTH OCEAN, LLC	;			
	Name of Limited Liability Company				
Dear Sir or Madam	:				
The enclosed States	ment of Correction and fee(s)	are submitted for filin	g.		
Please return all co	rrespondence concerning this	matter to the following	g:		
Scott E. Cohn	, Esq.				
	Name of Person		_		
LAW OFFICES	S OF SCOTT E. COH	N, P.A.			
	Firm/Company		_		
800 SE 3rd Av	e., suite 200				
	Address				
Ft. Lauderdale	e, FL 33316				
	City/State and Zip Code		-		
scottecohn@b	ellsouth.net				
E-mail addres	s: (to be used for future annu	al report notification)	-		
For further informa	tion concerning this matter, p	elease call:			
Scott E. Cohn		954	523-8787		
N	ame of Person	at (Area Code	Daytime Telephone Number		
STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Certallahassee, Florida	n ations nter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check	k 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. The name of the limited liability company is:_ FIRST: The Florida Document number of the limited liability company is: L0700005853 **SECOND:** THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION AND ANNUAL REPORT (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: Reflects the incorrect spelling of the Manager and Registered agent's name as Aleksandrs Popovs the correct spelling is Alexandr Popov. OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> transmission of the record was defective. 07/18/2015 Signature of Authorized Representative Date

Filing Fee: Certified Copy:

\$25.00

y: \$30.00 (optional)