

L11000103062

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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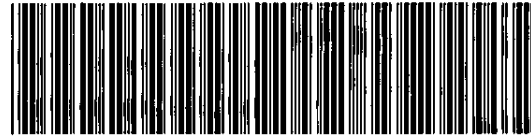
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HRES MIAMI HW 27, 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:

CATHY FLOYD

Name of Person

HUNT REAL ESTATE SERVICES

Firm/Company

5100 W KENNEDY BLVD STE 225

Address

TAMPA FL 33609

City/State and Zip Code

CFLOYD@HUNTRESCO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CATHY FLOYD

Name of Person

at (813) 289-5511 EXT 230

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:
HRES MIAMI NW 27 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:

INCORRECT NAME: HRES MIAMI HW 27 LLC

CORRECT NAME: HRES MIAMI NW 27 LLC

OR



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

Dated: 9/9/2011

Cathy Floyd
Signature of a member or authorized representative of a member

CATHY FLOYD

Typed or printed name of signee

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

FILED
SEP 14 PM 3:20
TALLAHASSEE FLORIDA