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DIVISION OF COMPORATION 12 MAR -8 AH ID: 39

MAR -'9 2012

T. HAMPTON

COVER LETTER

TO: **Registration Section** Division of Corporations

SUBJECT:

ArHo Properties, 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:

Inaki Saizarbitoria Name of Person

Inaki Saizarbitoria, Esq., P.A.

Firm/Company

21 SW 15 Road, Suite 200 Address

Miami, FL 33129

City/State and Zip Code

inakilaw@bellsouth.net E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sa	me as above	at (305	374-4106
Na	me of Person		Area Code	e & Daytime Telephone Number
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter Circle		H I H	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314
Enclosed is a check	for the following amount	:		
✓ \$25 Filing Fee	S30 Filing Fee & Certificate of Status	Certified C		S60 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 <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is: ArHo Properties, 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: The Name of the Manager is Sebastian R. Golod

.

<u>OR</u>

 \checkmark

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

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Dated:	March 5 , 2012 . Signature of a member of	12 MAR - 8 A	FILEE SECRETARY O DIVISION OF COM
	Sebastian R. Golod Typed or printed name of signee	AH 10: 3	
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	39	OITS E

CR2E062 (08/05)

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PAGE 02/03

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Principal Office Address: Mailing Address: Software 1390 BRICKELL AVE. 1390 BRICKELL AVE. Image: Software SUITE 104 SUITE 104 Image: Software MIAMI, FLORIDA 33131 MIAMI, FLORIDA 33131 Image: Software ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: Image: Software	(Must end with the words "Limited Link ARTICLE II - Address: The mailing address and street address of the p <u>Principal Office Address:</u> 1390 BRICKELL AVE. SUITE 104 MIAMI, FLORIDA 33131 ARTICLE III - Registered Agent, Registered (The Limited Liability Company contor serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the s	Tincipal office of <u>Mailing Addr</u> <u>1390 BRICKE</u> <u>SUITE 104</u> <u>MIAMI, FLOR</u> d Office, & Regu	the Limited L BUE LL AVE. IDA 33131	TALIGHASSEE, FLORID	AR-2 AND	Ē	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 1300 BRICKELL AVE. 1300 BRICKELL AVE. SUITE 104 SUITE 104 MIAMI, FLORIDA 33131 MIAMI, FLORIDA 33131 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot since as its own Registered Agent. You must designed an individual or shorter business entity with an active Florida argitration.) The name and the Florida street address of the registered agent are: SEBASTIAN GOLOD 1 Name 1	ARTICLE II - Address: The mailing address and street address of the p <u>Principal Office Address:</u> 1300 BRICKELL AVE. SUITE 104 MIAMI, FLORIDA 33131 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot save as in own Regis business entity with an active Florida registration.) The name and the Florida street address of the s	Tincipal office of <u>Mailing Addr</u> <u>1390 BRICKE</u> <u>SUITE 104</u> <u>MIAMI, FLOR</u> d Office, & Regu	the Limited L BUE LL AVE. IDA 33131	iability CHASSEE, FUOID	AR-2 AND	Ē	7
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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot move as its own Registered Agent. You must designate an individual or mother business only with an active Florida registered agent are: SEBASTIAN GOLOD I Name	ARTICLE III - Registered Agant, Registered (The Limited Liability Company cannot move as in own Regi- business on thy with an active Florida registration.) The name and the Florida street address of the	d Office, & Regi				بيني بري	Ţ,
ARTICLE III - Registered Agant, Registered Office, & Registered Agant's Signature: (The Limited Liability Company constrained agent and Liability Company constrained agent and the Florida registerion.) The name and the Florida street address of the registered agent are: SEBASTIAN GOLOD Name	(The Limited Linbillity Company cannot move as in own Regi- business ontry with an active Florida registration.) The name and the Florida street address of the			a de la companya de l	ct);		
SEBASTIAN GOLOD 1					t;	15	CIVID
	00000TLAN -0100	registered agent a	16 :			HA	0
Name	SEBASTIAN GOLOD					1	E
1390 BRICKELL AVE. SUITE 104		···· <u>····</u> ···					Ľ
Plorida street address (P.O. Box NQT acceptable)	1390 BRICKELL AVE.	SUITE 104				AH	i
Plorida street address (P.O. Box NOT accountable)	Name						
	Plorida street ad	dress (P.O. Box NO	[accornable)			ö	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this cartificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position for registered agent as provided for in Chapter 608, F.S..

Registerd/Agent'Y Signature (REQUIRED) (CONTINUED)

Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Titler</u> "MGR" = Manager "MGRM" = Managing Member

Name and Address:

MGR	1390 BRICKELL AVE.	2012 HAR	
	SUITE 104		
	MIAMI, FLORIDA 33131		n
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE: Signature of a member of a subbridged representative of a member, (In accordance with section 602/408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State	32 MAR -8 AH 10:	SECRETARY OF S
constitutes a third degree felony as provided for in s.817,155, F.S.)	ö	
SEBASTIAN GOLOD	ώ.	50
Typed or printed mane of signee	9	្រូក ស

\$125.00 FUing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Opdanal)

5 5.00 Certificate of Status (Optional)

Page 2 of 2

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