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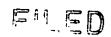
Division of Corporations MPI MANAGEMENT LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Statement of Correction and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Alfredo Martinas Name of Person Firm/Company 6730 SW 26th Street Address Miramar, FI 33023 City/State and Zip Code alfredomartina@live.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 786 Alfredo Martinas 468-0257 at (Daytime Telephone Number Name of Person Area Code STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee S30 Filing Fee & S55 Filing Fee & \$60 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy

CR2E062 (9/15)

TO:

Registration Section

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



	ection 605,0209, F.S., this document is being subm MPI MA name of the limited liability company is:	nitted to correct a previously filed docume 2019 HAY = 1 PM 4: ANAGEMENT LLC
<u>1KS1;</u> ine	name of the limited flability company is:	
		L12000051827
ECOND:	The Florida Document number of the limited l	· · · · · · · · · · · · · · · · · · ·
HIRD:	6/66256098C Document to be corrected is:	CC (2019 Annual Report)
	(CHECK THE APPROPRIATE BOX AND CO	OMPLETE THE APPLICABLE STATEMENT
state	ment are as follows:	ent, the reason the statement is incorrect, and the corrected
There	was an annual report filed for year 2019	(Document No.6766256098CC) by Andrea L. Olshan
w	no is/was not authorized to file it. We wo	ould like the record to be clear that Andrea
Ol	shan and Morton Olshan are not Membe	ers or Managers of MPI MANAGEMENT LLC (with
OR		Florida Document Number L12000051827)
	defectively signed. The manner in which the docullows:	ument was defectively signed and the appropriate correction are
	·-····································	
<u>OR</u>		
The	electronic transmission of the record was defective	<u>></u>
1	fledoup artises	04/76/2019
_44,	Signature of Authorized Representative	Date
-	new registered agent, if applicable :(NOTE: if condesignation).	recting the registered agent, the new registered agent must sign
dou: Registo	ed Agent's Signature, if changing Registered Age	nt.
hereby acce	pt the appointment as registered agent and agree i	to act in this capacity. I further agree to comply with the reformance of my duties, and I am familiar with and accept the
bligations of effect a char	f my position as registered agent as provided for it tge in the registered office address, I hereby confir	n Chapter 605, F.S. Or, if this document is being filed to merely must that the limited liability company has been notified in writing
bligations o	f my position as registered agent as provided for in tige in the registered office address, I hereby confir e.	

ODSPOKS (OUTS)