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•		COVER LET	TER	
TO: Registration S Division of C			· · ·	
SUBJECT: 180	01 N. Bay Ro	oad, LLC		
SUBJECT:	1	Name of Limited Liabilit	y Company	_
Dear Sir or Madam:				
The enclosed Statemer	nt of Correction and fee(s) a	re submitted for filing.		
Please return all corres	spondence concerning this r	natter to the following:		
Sandra Z.	Green, Esq.			
	Name of Person			
JONATHAN H	. GREEN & ASSC	CIATES, P.A.		
	Firm/Company	<u> </u>		T.o
800 Bricke	ell Avenue Su	uite 1400		6 J Alla
	Address			FIL AHASS
Miami, Flo	orida 33131			
	City/State and Zip Code			D Ph 4: 20 Floridz Floridz
E-mail address: (to be used for future annual	report notification)		
For further information	n concerning this matter, plo	ease call;		
Sandra Z.	Green	, 305	372-5100	
Nam	e of Person	at ()Area Code	Daytime Telephone Number	_
STREET/COURIER Registration Section Division of Corporatic Clifton Building 2661 Executive Center Tallahassee, Florida 3	ons r Circle	R D P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
Enclosed is a check for	or the following amount:			
S25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy	
CR2E062 (9/15)				

	STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COM	MPANY
	to section 605.0209, F.S., this document is being submitted to correct a previously f The name of the limited liability company is: 18001 N. Bay Road, LL	
<u>SECON</u> <u>THIRD</u>	Electronic Articles of Organizatio	on filed 12/10/2012
	Contains an incorrect statement. The incorrect statement, the reason the statement is statement are as follows: Incorrect Statement: Article V MGRM: Jorge Family Limited L Reason Statement Incorrect: Jorge Family Limited Liability Limited Corrected Statement: Article V MGRM: Jorge Family Limited Liability	incorrect, and the corrected Liability Limited Par Par is not the MGRM
	OR Was defectively signed. The manner in which the document was defectively signed as follows:	and the approximate correction are
	OR The electronic transmission of the record was defective. Signature of Authorized Representative	06232016 Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

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