

L17 0000 90689

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fiji 1 LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James A. Downey
Name of Person

Fiji 1 LLC
Firm/Company

710 South Dixie Hwy, Suite 200
Address

Coral Gables, FL 33146
City/State and Zip Code

andybuzzard@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James A. Downey at (305) 763-8140
Name of Person 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

**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.

FIRST: The name of the limited liability company is: Fiji LLC

SECOND: The Florida Document number of the limited liability company is: LI 3000090689

THIRD: Document to be corrected is:
Registered agent address

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 address for registered agent was not updated correct address is as follows:
Jamarcus S. Downey
Fiji LLC
710 South Dixie Hwy, Suite 200
Local Habilet, FL 33146

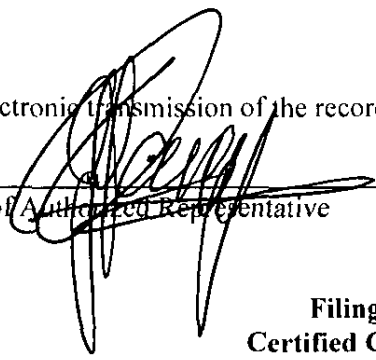
OR

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

OR

The electronic transmission of the record was defective.

Signature of Authorized Representative



Date

5/21/13

FILED
MAY 29 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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