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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

JAN 21 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WYNWOOD ASSET MANAGEMENT, 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:

Randall Gilbert, Esq.

Name of Person

Gilbert & Caddy PA

Firm/Company

1720 Harrison Street, Penthouse B

Address

Hollywood, FL 33020

City/State and Zip Code

RGILBERT@THECONSTRUCTIONLAWYERS.COM

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

For further information concerning this matter, please call:

Randall Gilbert, Esq.

Name of Person

954

Area Code

620-5000

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:
WYNWOOD ASSET MANAGEMENT, LLC

SECOND: Document to be corrected is:
L13000176073

(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:

In ARTICLE V - The Managers identified as MERIDIAN INVEST USA, LLC and BEEKMAN REIM LLC are both removed.

Instead the Manager shall be MATTHIEU MERCHADOU-MELKI Located at: 555 NE 15th Street, #200 Miami, Florida 33132.

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
MATTHIEU MERCHADOU MELKI

January 6, 2014

Date

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

STATE OF FLORIDA
TALLAHASSEE
14 JAN 15 AM 10:45

FILED