Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 4201 PALM AVENUE II, LLC

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COVER LETTER

	Istration Section Islan of Corporations		
SUBJECT:	4201 Palm Avenue II, LLC		
	N	bliny Company	
Dear Sir or N	ladum:		
The anciosed	Statement of Correction and Re(s) ar	e submitted for filin	₽.
Please return	all correspondence concerning this m	atter to the followin	g:
Sandra Z	. Green, Esq.		
	Name of Person		<u>-</u>
JONATH	AN H. GREEN & ASSOCIAT	ES, P.A.	
	Firm/Compuny		
800 Brick	ell Avenue, Suite 1400		
·	Address	····	-
Mlami, Flo	orida 33131		
,	City/State and Zip Code		_
szg@jhgla	aw.com		•
E-mail a	iddress; (to be used for future annual;	eport natification)	•
For further In	formation concurning this matter, plos	se pull:	
Sandra Z.	Green	30 5	372.5100
	Name of Person	Ansa Code	Daytime Telephone Number
Registration 5 Division of C Clitton Buildi	orporations ng re Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliabassee, Florida 32314
Enclosed is a	check for the following amount:		
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STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FIRS		section 605.0209, F.S., this document is being submitted to correct a previously filed document. The name of the limited liability company is: 4201 Palm Avenue II, LLC	
SEC	OND:	The Florida Document number of the limited liability company is: L14000045877	
ТНП	<u>RD</u> :	Document to be corrected is: Articles of Organization	
		CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	
✓		tains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the ected statement are as follows:	e e
	The	Incorrect Statement: Silvana Zamora is a MGR.	-
	Reas	ason Statement is incorrect: Silvana Zamora is NOT a MGR.	# T = 20
	Corre	rrected Statement: Enrique Zamora, Trustee of the Enrique Zamora	(matter)
	Revo	vocable Living Trust is the sole MGR.	至二
	<u>or</u>	7.05 9.75	至 8:15
1	Was	s defectively signed. The manner in which the document was defectively signed and the appropriate ection are as follows:	
_	OR	electronic feature ission of the record was defective.	
		03/20/2014	
<u>S</u>	gnatura	of Authorized Representative Date	
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