

L14000053478

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

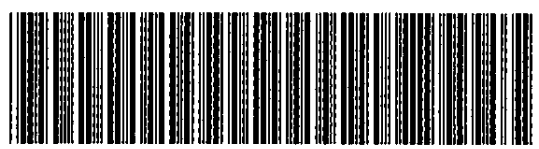
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2014 JUN 24 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 03 2014

J. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** J.A.V. OF MIAMI, 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:

Manuel Diner

Name of Person

Manuel Diner, P.A.

Firm/Company

7735 NW 146 Street, Suite 300

Address

Miami Lakes, Fl. 33016

City/State and Zip Code

mdiner@dinerlaw.com

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

For further information concerning this matter, please call:

Manuel Diner

305

825-8151

at (

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

CR2E062 (2/14)

**FILED**  
2014 JUN 26 PM 3:45  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

**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: J.A.V. OF MIAMI, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000053478

**THIRD:** Document to be corrected is:  
Articles of Organization

**(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 name of the person designated to manage the LLC was misspelled. The

correct spelling of the person's name designated to manage the LLC is

Addys Villarreal

**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.

*Manuel Dune*

Signature of Authorized Representative

6/24/14

Date

**FILED**  
2014 JUN 24 3:45 PM  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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