Page 1/2 Page 1 of 2

## Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000102026 3)))



te: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARCELL FELIPE, P.A.

Account Number: I20110000064 : (305)381-8500 Fax Number : (305)381-6225

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: nmunoz@marcellfelipe.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GROWTH INVESTMENTS LLC

Certificate of Status	0		
Certified Copy	0		
Page Count	01		
Estimated Charge	\$25.00		

B. BOSTICK

Electronic Filing Menu

Corporate Filing Menu

Help

'APR 3 0 2014

**EXAMINER** 

H14000102026 3

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursu	ant to se	ection 605.0209, F.S., this document is being			
FIRST:		The name of the limited liability company is: GROWTH INVESTMENTS LLC			
SECOND:		The Florida Document number of the limited liability company is: L14000064157			
THIRD:		Document to be corrected is:			
		Articles of Organization	·		
	(CH	HECK THE APPROPRIATE BOX AND COM	IPI ETE THE APPLICABLE STATE	MENT	
V		ins an incorrect statement. The incorrect state ted statement are as follows:	ement, the reason the statement is inc	correct, and the	
	Article	article IV must be corrected by replacing the Manager's name stated therein for			
	the fo	he following three Managers (MGR): Braun, Emilio; Compean, Manuel; and			
	Alons	Alonso, Ramon. All of them with an address at 1001 Brickell Bay Dr., Ste 1800,			
	Miam	nì, Florida 33131, US.			
	<u>OR</u>				
		efectively signed. The manner in which the cition are as follows:	document was defectively signed and	the appropriate	
			P-9		
				• L	
			٠ . ع	- 5.3	
	<del>11</del>		)>		
				<u> </u>	
	<u>OR</u>				
	The ele	ectronic transmission of the record was defect	. £		
Si	ignature	of Authorized Representative	4-28-2014 Date	<del></del>	
	/	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)		