## #L14000070023

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K.SALY EXAMINER JUN - 9 2014

## **COVER LETTER**

TO: Reg	Registration Section	
Div	Division of Corporati	
SUBJECT:	MI COLETA II	

SUBJECT: MI CO	DLETA INVESTMEN	TS LLC	
	•	Name of Limited Liab	ility Company
Dear Sir or Madam:			
The enclosed Statem	ent of Correction and fee(s)	are submitted for filing	g.
Please return all corr	espondence concerning this	matter to the following	j:
VICTOR GALA	RZA		_
	Name of Person		-
MI COLETA IN	VESTMENTS LLC		
	Firm/Company		-
11251 NW 20T	H ST STE 111		
	Address		-
MIAMI, FL 331	72		
	City/State and Zip Code		-
E-mail address:	(to be used for future annu	al report notification)	-
For further informati	on concerning this matter, p	blease call:	
VICTOR GALA	RZA	305 at (	299-6608
Na	me of Person	Area Code	Daytime Telephone Number
STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Florida	ions er Circle	<b>-</b>	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)			

## 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. The name of the limited liability company is: MI COLETA INVESTMENTS LLC **FIRST**: The Florida Document number of the limited liability company is: L14000070023 **SECOND:** THIRD: Document to be corrected is: CARTICLES OF ORGANIZATION THE NAME OF THE LLC (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT 1 Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: THE NAME AS SHOWN ON THE LLC AS " MI COLETA INVESTMENTS LLC IS INCORRECT. THE CORRECT NAME IS: MICOLETA INVESTMENTS LLC. <u>OR</u> 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 desective. Signature of Authorized Representative

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)