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## **COVER LETTER**

TO: Registration Section Division of Corporations	
Survey Saltaire Ami LLC	
Name of Limited Liability Company	_
D 0' M.L.	
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:	
TERESA Burgess	
Saltaire Ami	
Firm/Company	
7707 20th Ave NW	
Address	
BRADENTUN FL 34209	
City/State and Zip Code	
Hourgess 1010@ aolicom	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Teresa Burgess , 305, 968 3528	
Name of Person Area Code Daytime Telephone Number	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32314	
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$\Bigcup \$30 Filing Fee & Box \$55 Filing Fee & Certificate of Status \$\Bigcup \$55 Filing Fee & Certificate of Status & Certified Copy	

CR2E062 (2/14)

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

Pursua	ant to se	ection 605.0209, F.S., this document is being submitted to correct a previously filed documen	nt.
FIRS'	<b>T</b> :	The name of the limited liability company is: Saltaire AMI, LLC	
<u>SECC</u>	OND:	The Florida Document number of the limited liability company is:	185
THIR	<u>:D</u> :	Articles of organization	
	(CH	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	
<b>a</b>	COTTECT  A  I I  OR	ains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and otted statement are as follows:  ERESA BURGESS IS The OWNER.  HARM MONAHAN 15 THE MYR.  H IS INCORRECT BECAUSE I FITTED IT TOWN  WYVECTLY ON INC.  defectively signed. The manner in which the document was defectively signed and the appro	
		DIVISION are as follows:	
$\frac{\Box}{\int_{0}^{\text{Si}}}$	The el	e of Authorized Representative    Color   Colo	,
ושר	WO	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	