

6/17/2014 11:02:33 3056701991 GUZMAN & GUZMAN, P.A. PAGE 01/02  
Division of Corporations  
**L14 000098088**

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.**

(((H14000146952 3)))



H140001469523ABC%

**Note: 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 : GUZMAN & GUZMAN, P.A.  
Account Number : I20080000090  
Phone : (305) 670-1991  
Fax Number : (305) 670-1993

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

Email Address: \_\_\_\_\_

2014 JUN 19 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
14 JUN 19 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NEW ENERY 1108 LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

JUN 20 2014  
T CLINE

**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: NEW ENERY 1108 LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000098088

**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:

NEW ENERY 1108 LLC IS THE INCORRECT NAME

THE NAME IS MISSING A "G" IN ENERGY

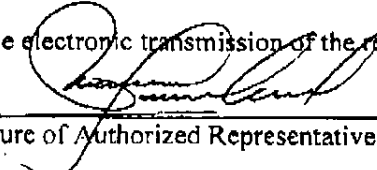
THE CORRECT NAME SHOULD BE: NEW ENERGY 1108 LLC

**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.

  
Signature of Authorized Representative

6.19.14  
Date

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