

L14 000 102376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

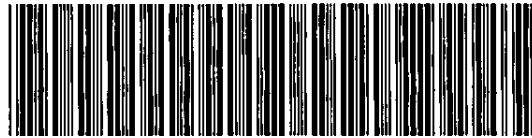
(Business Entity Name)

(Document Number)

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SUPERIOR COURT

JUL - 3 2014
T. CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1386 NW 28 STREET 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:

Edwards Bofill JR
Name of Person

Firm/Company

2901 NW 7 ave
Address

Miami, FL 33127
City/State and Zip Code

eddiejr@men.com
E-mail address: (to be used for future annual report notification)

2614 JUL -2 PM 12:59
REGISTRATION SECTION
TALLAHASSEE, FLORIDA 32310

For further information concerning this matter, please call:

Edwards Bofill at (305) 281-3596
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

**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: 1386 NW 28
STREET LLC

SECOND: The Florida Document number of the limited liability company is: L14000102376

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:

Effective Date should be
07-01-2014

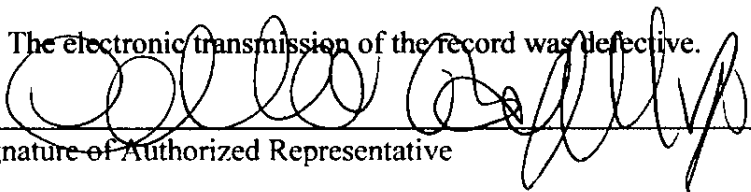
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STATE OF FLORIDA
SECRETARY OF STATE

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.

 6-26-14
Signature of Authorized Representative Date

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