

L14000102615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

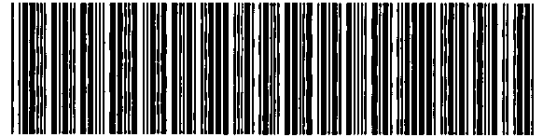
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT  
KILLAMORE, MISSOURI

JUL - 3 2014

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 3069 NW 30 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 @ MRV.COM  
E-mail address: (to be used for future annual report notification)

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

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REGISTRATION SECTION

**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: 3069 NW 30  
STREET LLC.

**SECOND:** The Florida Document number of the limited liability company is: L14000102615

**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  
6-27-2014

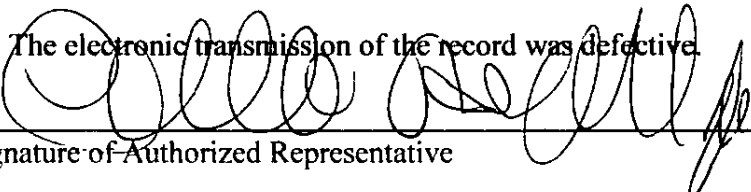
**OR**

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)**

JUL 2 2014 12:58 PM