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## **COVER LETTER**

TO: Registration Section Division of Corporations								
SUBJECT: 3069 NW 30 S Name of Limited Liab	STREET LLC.							
Dear Sir or Madam:								
The enclosed Statement of Correction and fee(s) are submitted for filin	g.							
Please return all correspondence concerning this matter to the following	g:							
Educado Bofill JR Name of Person	<b>.</b>							
Firm/Company	_							
2901 NW 7 CUE	<del></del>							
Michael Fl 33127  City/State and Zip Code								
E-mail address: (to be used for future annual report notification)	-2 TM 12: 5a							
For further information concerning this matter, please call:	( ) do							
School Boc V at (30) 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 \$25 Siling Fee \$25 Certificate of Status Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy							

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

Pursua	int to sec	tion 605.0209, F.S., this document is being submitted to corr	rect a previou	sly filed document.	
FIRST:		The name of the limited liability company is: 3069	NW 3	0	
	-	STREET LLC.		<del></del>	
<u>SECO</u>	ND:	The Florida Document number of the limited liability compa	ny is: <u>L14</u>	000109612	-
THIR	_	Document to be corrected is:  Articles of Organizati	· 0~		
_	(CHE	ECK THE APPROPRIATE BOX AND COMPLETE THE AP	PLICABLE S	<u>STATEMENT</u>	
□/		is an incorrect statement. The incorrect statement, the reasoned statement are as follows:	the statemer	nt is incorrect, and th	ıe
	<u> </u>	fective Date should	be		
		6.27.2014			
			,		
	<u>OR</u>			78 78 12 12 12 12 12 12 12 12 12 12 12 12 12	
		fectively signed. The manner in which the document was de on are as follows:	fectively sign	ied and the appropri	ate
	COTTCCT	on are as ronows.		,	
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			<del> </del>	<u> </u>	
				<del>- ,,</del>	
	<u>OR</u>				
	The elec	deronic transmission of the record was defective.	6-26-11	4	
Sig	gnature o	f-Authorized Representative	Date		

Filing Fee: Certified Copy:

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\$30.00 (optional)