

L14000 102876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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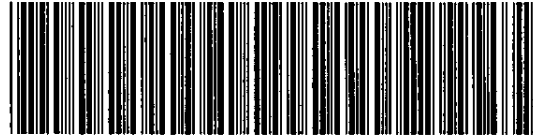
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CMS MIAMI INTERNATIONAL 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:

DELSO J GONZALEZ

Name of Person

CMS MIAMI INTERNATIONAL LLC

Firm/Company

6915 SW 57 AVENUE SUITE 222

Address

MIAMI FL 33143

City/State and Zip Code

JCUE@W-BSC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DELSO J GONZALEZ                      305                      803-7777  
Name of Person                      at (                      )                      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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DELISO J GONZALEZ

305

803-7777

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

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Daytime Telephone Number

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- |  |   |  |  |
|--|---|--|--|
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|--|---|--|--|

CR2E062 (2/14)

**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: CMS MIAMI INTERNATIONAL LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000102876

**THIRD:** Document to be corrected is:  
ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMF

**(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:

THE NAME OF THE MGR WAS MISSPELL THE CORRECT SPELLING IS:

DELSON J GONZALEZ

**OR**

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

DEFECTIVELY SIGNATURE DELSON DE JESUS GONZALEZ

THE CORRECT SIGNATURE IS DELSON DE JESUS GONZALEZ

**OR**

- ☐ The electronic transmission of the record was defective.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

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