

L14 000146871

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NOV 21 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 8450, 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:

JEFFREY LEHMAN

Name of Person

8450, LLC

Firm/Company

9820 S.W. 90<sup>th</sup> AVE

Address

MIAMI FL 33174

City/State and Zip Code

THELEHMANTEAM @ YAHOO.COM

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

For further information concerning this matter, please call:

JEFFREY LEHMAN

Name of Person

at ( 305 )

Area Code

970-9050

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: 8450, LLC.

**SECOND:** The Florida Document number of the limited liability company is: L14000146871

**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:

The correct address for both  
authorized persons (Eric Leza and  
Jeffrey Lehman) should be 9820 S.W.  
90th Ave (not 20th Ave) Miami FL 33176

**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.

x Jeffrey Lehman  
Signature of Authorized Representative

11/10/2014

Date

Filing Fee  
Certified Copy:

\$25.00  
\$30.00 (optional)

STATE OF FLORIDA  
SECRETARY OF STATE  
NOV 14 AM 7:29  
11/10/2014