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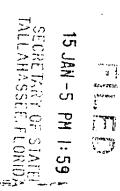
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The Law Offices of

Snyder & Snyder, P.A.

Attorneys and Counselors at Law at ...

WILLIAM A. SNYDER, J.D., LL.M.

Florida Bar Board Certified — Wills, Trusts & Estates Fellow, American College of Trust & Estate Counsel (ACTEC)

SHAWN C. SNYDER, M.A., J.D., LL.M.

Florida Bar Board Certified — Wills, Trusts & Estates

ANNE J. McPHEE, J.D., LL.M.

OLGA I. GALANTER, J.D., LL.M.

MONIQUE M. SADARANGANI, J.D., LL.M.

7931 SW 45th Street Davie, Florida 33328

Phone: 954-475-1139 Fax: 954-475-2634 www.snyderlawpa.com

E-Mail: Shawn@snyderlawpa.com

January 2, 2015

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: SALZMAN REAL ESTATE HOLDINGS, LLC ("Company")

Document No.: L14000193044

Dear Sir/Madam:

Enclosed please find the following regarding the above referenced Company:

- 1. Cover Letter; and
- 2. Statement of Correction ("Statement").

Please file the Statement with your office. After filing the Statement, please provide my office with a certified copy. We have enclosed our firm check in the amount of \$55.00 to cover the fees associated with the filing and requested certified copy. Additionally, enclosed please find a return self addressed stamped envelope for your convenience.

I thank you in advance for your attention and cooperation. Should you have any questions or need any additional information, please do not hesitate to contact me.

Very truly yours,

SNYDER & SNYDER, P.A.

Shawn C. Snyder

SCS:ii Encls.

COVER LETTER

| TO: | | stration Section sion of Corporations | | | | | |
|--|-----------------------------------|---------------------------------------|--------------------------|---------------------------------------|---|--|--|
| SUBJE | CT: | SALZMAN REAI | L ESTATE | HOLDINGS, LLC | | | |
| | | Name of Limited Liability Company | | | | | |
| Dear Sir | or M | adam: | | | | | |
| The enc | losed | Statement of Correcti | on and fee(s) | are submitted for filing | <u>;</u> . | | |
| Please re | eturn | all correspondence co | ncerning this | matter to the following | ;: | | |
| SHAV | VN (| C. SNYDER, ESC | Q . | | | | |
| | | Name of | Person | | - | | |
| SNYE | ER | & SNYDER, P.A | | | | | |
| | • | Firm/Cor | npany | | - | | |
| 7931 | sw | 45 STREET | | | | | |
| | | Addre | SS | | • | | |
| DAVI | E, F | LORIDA 33328 | | | | | |
| | | City/State and | l Zip Code | - , | - | | |
| SHAV | ۷N@ | SNYDERLAWF | A.COM | | | | |
| E- | mail | address: (to be used fo | r future annua | al report notification) | - | | |
| | | | | | | | |
| For furt | her ir | formation concerning | this matter, p | lease call: | | | |
| ILIAN | A IF | NZARRY | | 954 | 475-1139 | | |
| | | Name of Person | | at (Area Code | Daytime Telephone Number | | |
| Registra Division Clifton 2661 Ex | ation n of C Build cecut | Corporations | | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | |
| Enclose | ed is | check for the follow | ing amount: | | | | |
| \$25 1 | Filing | | g Fee & ite of Status | ■ \$55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy | | |
| CR2E0 | 62 (2 | (14) | | | | | |

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| Pursua | ant to-s | section 605.0209, F.S., this document is being submitted to correct a previously filed document. | | | | | |
|----------|-------------|---|--|--|--|--|--|
| FIRST | <u>T</u> : | The name of the limited liability company is: | | | | | |
| | | SALZMAN REAL ESTATE HOLDINGS, LLC | | | | | |
| SECO | <u>)ND:</u> | The Florida Document number of the limited liability company is: L14000193044 | | | | | |
| THIR | <u>:D</u> : | Document to be corrected is: | | | | | |
| | | ARTICLES OF ORGANIZATION | | | | | |
| | <u>(C</u> | HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT | | | | | |
| 7 | | ains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the cted statement are as follows: | | | | | |
| | Artic | cle IV is incorrect as it lists the wrong manager and member of the company. | | | | | |
| | Artic | tle IV should be revised to read as follows: The name and address of the | | | | | |
| | pers | erson authorized to manage the LLC: MGR - TERRENCE SALZMAN, 550 Palm | | | | | |
| Blvo | | d, Weston, FL 33326 US. No other person or member should be listed. | | | | | |
| | <u>OR</u> | | | | | | |
| | | defectively signed. The manner in which the document was defectively signed and the appropriate ction are as follows: | | | | | |
| | | ************************************** | | | | | |
| | - | | | | | | |
| | | SS 5 There | | | | | |
| | | | | | | | |
| | | | | | | | |
| | <u>OR</u> | 10 _A | | | | | |
| <u></u> | —The e | Electronic transmission of the record was defective. | | | | | |
| - | 11 | 2ANOUM = 12/30/2014 | | | | | |
| Sic | onature | e of Authorized Representative Date | | | | | |

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)