

L15000013321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch FEB 13 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 156 North Indies 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:

Erik Wesołowski
Name of Person

Wesołowski Carlson, P.A.
Firm/Company

898 Brickell Ave, #300
Address

Miami, FL 33131
City/State and Zip Code

erik@wesołowski-carlson.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erik Wesołowski at (305) 329-1000
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

**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: 156 North Indies LLC

SECOND: The Florida Document number of the limited liability company is: L 15000013321

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:

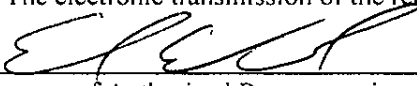
The name of the manager is incorrect in Article IV.
The correct name of the manager
is Daniela Perez

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.

 1/30/2015
Signature of Authorized Representative Date

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JAN 26 PM 4:06
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