

L15000042994

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000065523 3)))



H15000065523ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SCHUTT LAW FIRM, P.A.
Account Number : 120040000017
Phone : (239)540-7007
Fax Number : (239)791-1080

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: heimbuchner@me.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ART & ART INSTITUTE FRANCAIS, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

RECEIVED

15 MAR 16 AM 10:00

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

SECRETARY OF STATE
TAMARA HASSID
FLORIDA

15 MAR 16 AM 7:15

FILED

MAR 17 2015

T. HAMPTON

**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: SINGLE MALT PROPERTY, LLC

SECOND: The Florida Document number of the limited liability company is: L15000042994

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:

Correct Name and Address of AMBR are as follows:

BAERBEL GERTRUD HEIMBUCHNER

KOENIGSEE STRASSE 14

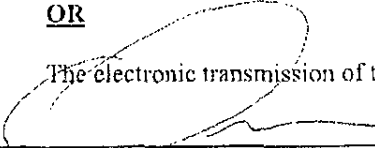
D-83059 Kolbermoor, Germany

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.


Signature of Authorized Representative

3/16/2015

Date

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

FILED
15 MAR 16 AM 7:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA