

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.

((H15000075698 3)))



H150000756983ABC8

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 : BAKER & MCKENZIE
Account Number : 074222002135
Phone : (305) 789-8900
Fax Number : (305) 789-8953

Our file # : 10075518 50039611 - 0000

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

Email Address: cecilia.reategui@bakermckenzie.com

FILED
15 MAR 26 PM 4:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

15 MAR 26 AM 10:00

FLORIDA DEPARTMENT OF
CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SIMIN INVESTMENTS LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 27 2015

(((H15000075698 3)))

**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: SIMIN INVESTMENTS LLC

SECOND: The Florida Document number of the limited liability company is: L15000051718

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 first name of the Manager shown under Article IV and the electronic signature should read: SIMONE MAHDAVI instead of Simin Mahdavi.

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
S. Mahdavi
Simone Mahdavi, Manager

March 25, 2015

Date

Filing Fee:
Certified Copy:

\$25.00
\$30.00 (optional)

CH21002 (2/14)

(((H15000075698 3)))

15 MAR 26 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED