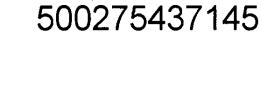
L500/04570

(Re	questor's Name)	
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S. YOUNG

COVER LETTER

	ration Section on of Corporations				
SUBJECT: M	IAMI COLLEGE LLC				
SUBJECT:		Name of Limited Liab	ility Company		
Dear Sir or Mac	dam:				
The enclosed St	atement of Correction and fee(s)	are submitted for filing	3.		
Please return all	correspondence concerning this	matter to the following).).		
FRANCISC	O RUIZ				
	Name of Person		-		
	Firm/Company		-		
1395 BRICK	KELL AVE STE 720				
	Address		-	言語・	
MIAMI, FL	33131				7
	City/State and Zip Code		-	28 1977 1978	F
JOHNP@M	IIAMICOLLEGE.ORG				$\bigcup_{i=1}^{n}$
E-mail ad	dress: (to be used for future annu	al report notification)	_	28 MIH 41 28 SEE M NO.	
For further info	rmation concerning this matter, p	please call:			
JOHN PET	ERSON	954	871-6781		
-	Name of Person	at (Area Code	Daytime Telephone Number		
STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, Flo	rporations g : Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a c	heck for the following amount:				
■ \$25 Filing F	ee \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy		

CR2E062 (2/14)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursu	ant to se	ection 605.0209, F.S., this document is being submitted to correct a previously filed document.				
<u>FIRS</u>	<u>T</u> :	The name of the limited liability company is: MIAMI COLLEGE LLC				
SECOND:		The Florida Document number of the limited liability company is: L15000104570				
THIRD:		Document to be corrected is:				
		FILLING INFORMATION				
	<u>(C</u> 1	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT				
V		ains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the cted statement are as follows:				
	AS S	SHOWN NOW: EIN NUMBER NONE				
	EIN	TO BE CHANGED TO: 47-4302844				
	<u>OR</u>					
		defectively signed. The manner in which the document was defectively signed and the appropriat ction are as follows:				
		· · · · · · · · · · · · · · · · · · ·				
	 <u>OR</u>					
<u> </u>		electronic transmission of the record was defective. 7/22/15				
S	ignature	e of Authorized Representative Date				

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)