## L15000169474

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700278162177

10/19/15--01011--014 \*\*25.00

SECRETARY OF STATE

K.SALY EXAMINER OCT 22 2015

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: ERA	15 INVEST	ΛΕΝΤ, LL	C
30b3EC1.	N	ame of Limited Liab	ility Company
Dear Sir or Madam:			
The enclosed Statement	of Correction and fee(s) ar	e submitted for filing	ţ.
Please return all correspo	ondence concerning this m	atter to the following	:
NATHALIE	GARCIA		
147 (1117 (L1L	Name of Person	<del> </del>	
ERA15 IN\	/ESTMENT,	LLC	
	Firm/Company		-
14303 SW	181 TER		
	Address		
MIAMI, FL	33177		
C	ity/State and Zip Code		•
ncrgarcia@	gmail.com		
E-mail address: (to	be used for future annual	report notification)	•
	concerning this matter, ple	ase call:	
Nathalie G	arcia	<sub>at (</sub> 786	, 461-4193
Name	of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS:			MAILING ADDRESS:
Registration Section Division of Corporations			Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle			P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 323			Talialiassee, Florida 52514
Enclosed is a check for	the following amount:		
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee Certified Copy	& S60 Filing Fee. Certificate of Status & Certified Copy

CR2E062 (9/15)

	STATEMENT OF CORRECTION FOR FLORIDA OR FORFICN LIMITED LIABILITY COMPANY 20/5 co
	FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY 20/5 OCT.
Pursuan FIRST:	STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY  20/50CT /9 PH 12: The name of the limited liability company is: ERA15 INVESTMENT, LLC
SECON	The Florida Document number of the limited liability company is: L15000169474
THIRD	1 15000169474 2000055 OF 000001747001
_	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
9	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
	I incorrectly listed Elizabeth Garcia and Lidice Collazo as a AMBR
	Correction: members Elizabeth Garcia and Lidice Collazo are only Managers (MGR)
	Only one AMBR exist, and that is myself, Nathalie Garcia
	OR  Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
	<u>OR</u>
	The electronic transmission of the record was defective.    10/15/15     Signature of Authorized Representative   Date
	re of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign agent designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's-Signature

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)