

L15000186007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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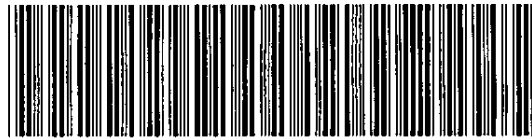
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 23 2015
BRUCE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 868512 8070273

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : November 11, 2015

ORDER TIME : 3:38 PM

ORDER NO. : 868512-005

CUSTOMER NO: 8070273

DOMESTIC AMENDMENT FILING

NAME: TIBO INVESTMENT, LLC

EFFECTIVE DATE:

XX STATEMENT OF CORRECTION
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

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**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: TIBO INVESTMENT, LLC

SECOND: The Florida Document number of the limited liability company is: L15000186007

THIRD: Document to be corrected is: THE ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(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 mailing address and street address of the principal office of the Limited Liability Company is: 940 NW 204 ST, MIAMI, FL 33169

This entity is changing their business address

The mailing address and street address of the principal office of the Limited Liability Company is: 942 NW 204 Street, Miami, FL 33169

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.

Baudelair Samuel

Signature of Authorized Representative

12.10.15
Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the 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: \$25.00
Certified Copy: \$30.00 (optional)

CR2E062 (9/15)

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