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.

(((H150003069373)))



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

ፕሮ:

Division of Corpolations

Fax Number : (850)617-6383

From:

Account Name : NEAL SERVICES, LLC

Account Number : 120080000104 Phone : (302)674~4089

Fax Number : (302)674-5266

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

Email Address: scalzadilla@crescentheights.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARRP MIAMI IV, LLC

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

DEC 31 2015

Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CORRECTION

2015 15;	30 FAX 3026745268	2 1002/002
	H	15000306937-3
		1500030693/ 3 FILED 20150EC 30 PM 12: 18
	STATEMENT OF CORRECTION	201500 - 50
	FOR	TOPE 30 DI
	FLORIDA OR FOREIGN LIMITED LIABILITY COM	PANY MILLER PM 12: 18
rsuant to s	section 605.0209, F.S., this document is being submitted to correct a pro-	reviously filed documents
RST:	The name of the limited liability company is: ARRP Miami IV, LLC	1 1 A. 11 k
	rac name of the minted tradinty company is.	
COND;	The Florida Document number of the limited liability company is:	
(YRD:	Document to be corrected is:	
<u>11KD</u> .	Articles of Organization for Florida Limited Liability Company	
	7 and 63 of Organization for Horida Chinica Elebinty Company	
<u>{C</u>	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICAL	BLE STATEMENT
Conta	ains an incorrect statement. The incorrect statement, the reason the stat	tement is incorrect and the
	cted statement are as follows:	·
MGR-	ARRP Miami, LLC is incorrect. The correct statement for Article IV is as follows:	
MG	R - David B. Smith	
	2200 Biscayne Blvd	and the state of t
	Miami, FL 33137	
<u>or</u>		
-	defendant simulations at the comment of the black of the comment o	and an artist of the second
	defectively signed. The manner in which the document was defectively ction are as follows:	y signed and the appropriate
		
····		
		·
OR		
Thec	lectronic transmission of the record was defective.	
Signature	12/30/15 Dof Authorized Representative Date	
	10	
:	Filing Fee: \$25.00	
	Certified Copy: \$30.00 (optional)	·

CR2E062 (2/14)