

5/6/2016

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1160001139293

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.

(((H16000113929 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SNYDER GROISMAN P.A.
Account Number : I20120000060
Phone : (786)899-2880
Fax Number : (786)899-2890

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

Email Address: myles@snydergroisman.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MIAMI HEIGHTS INVESTMENTS LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAY -9 A 9:24

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Electronic Filing Menu

Corporate Filing Menu

Help

MAY 10 2016
J. BRUCE



May 9, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MIAMI HEIGHTS INVESTMENTS LLC
1395 BRICKELL AVENUE
900
MIAMI, FL 33131US

SUBJECT: MIAMI HEIGHTS INVESTMENTS LLC
REF: L16000066653

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

You can not change the effective date with this form, you must file a Statement of Correction to correct the Articles of Organization

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

FAX Aud. #: H16000113929
Letter Number: 716A00009677

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

((H16000113929 3))

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI HEIGHTS INVESTMENTS LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MYLES MOCEGA

Name of Person

SNYDER GROISMAN P.A.

Firm/Company

21500 BISCAYNE BLVD. SUITE 401

Address

AVENTURA, FL 33180

City/State and Zip Code

MYLES@SNYDERGROISMAN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MYLES MOCEGA

Name of Person

at (786) 899-2880

Area Code

Daytime Telephone Number

STREET/COURT ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2B062 (9/15)

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2016 MAY -9 A 9:20
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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: MIAMI HEIGHTS INVESTMENTS LLC

SECOND: The Florida Document number of the limited liability company is: L16000066653

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:

Article V of the Articles of Organization contains an incorrect Effective Date of 05/31/2016 and should
hereby be corrected to be the same as the filing date, 04/04/2016.

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

05/09/16

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

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