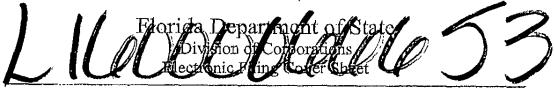
6/6/2010

Division of Corporations



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)))



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

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	1.
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myles@snydergroisman.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIAMI HEIGHTS INVESTMENTS LLC

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

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HAY'10 20:3 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

To: Page 6 of 7

2016-05-09 20 48:33 (GMT)

786-899-2890 From: Melissa Groisman

((H16000113929 3))

		COVER LE	TTER	((11100001137273
TO: Registration Division of C				
SUBJECT: MI	AMI HEIGHTS INVESTN	MENTS LLC		
	í	Name of Limited Liabi	lity Company	
Dear Sir or Madam:				
The enclosed Stateme	nt of Correction and fee(s) a	are submitted for filing		
Please return all corre	spondence concerning this r	natter to the following	:	
	MYLES MOCEGA			
	Name of Person			
SI	NYDER GROISMAN P.A	·		
	Firm/Company			·
21500	BISCAYNE BLVD. SUI	TE 401		
A	VENTURA, FL 33180 City/State and Zip Code			
MYLES@ B-mail address:	OSNYDERGROISMAN.C (to be used for future annual	COM Treport notification)		28
For further informatio	n concerning this matter, ple	euse cull:		SECHE HAY
	S MOCEGA ne of Person	at (<u>786</u> Area Code)_899-2880 Duytime Telephone Numbe	"rı D cann
STREET/COURTER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 3	ons or Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	9. 2u STATE LORICA
Enclosed is a check i	for the following amount:			
S25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee Certified Copy	& [] \$60 Filing Fee, Certificate of Status & Certified Copy	
CR2E062 (9/15)				

((H160001139293))

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

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 Zi
Was defectively signed. The manner in which the document was defectively signed and the appropriate correction a as follows:
30 TO 10 TO
<u>OR</u>
The electronic transmission of the record was defective. 05/09/16
Signature of Authorized Representative Date
Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sig 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 statues 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 mere reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writi of this change.
Registered Agent's Signature