

L16000069737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

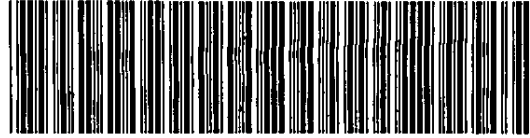
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/10/16--01026--018 **25.00

2016 MAY 24 P 4: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAY 25 2016
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 MAY 25 PM 3:25

TALLAHASSEE, FLORIDA

May 11, 2016

JAIME PARALADE
PARALADE & SCHAEFFER CPA'S P.A.
5975 SUNSET DR, #802
MIAMI, FL 33143

SUBJECT: LA CEIBA 901 LLC
Ref. Number: L16000069737

We have received your document for LA CEIBA 901 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 616A00009945

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA CEIBA 901 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:

JAIME PARLADE
Name of Person

PARLADE & SCHAEFER CPA'S P.A.
Firm/Company

5975 SUNSET DRIVE #802
Address

MIAMI, FL 33143
City/State and Zip Code

JP@MDSGP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAIME PARLADE at (305) 6700400
Name of Person Area Code Daytime Telephone Number

STREET/COURIER 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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

**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: LA CEIBA 901 LLC

SECOND: The Florida Document number of the limited liability company is: L16000069737

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:

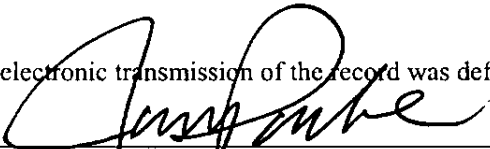
SEE ATTACHED STATEMENT

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.



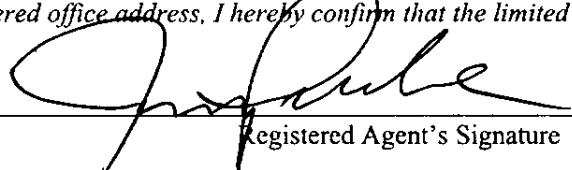
Signature of Authorized Representative

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TALLAHASSEE FLORIDA
5/19/2016
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)

LA CEIBA 901 LLC
DOC#: L16000069737

The following managers were omitted from original articles of organization.
Please add via this request the information below:

Title: MGR
Name: Dalia Ruiz
Address: 15901 Collins Ave # 504, Sunny Isles Beach, FL 33160

Title: MGR
Name: Iliana Jimenez Ruiz
Address: 15901 Collins Ave # 504, Sunny Isles Beach, FL 33160

Title: MGR
Name: Ivanna Jimenez Ruiz
Address: 15901 Collins Ave # 504, Sunny Isles Beach, FL 33160

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