

L16000070346

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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From: Account Name: BELLER SMITH, P.L.  
Account Number: 120120000956  
Phone: (561) 994-4316  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LA POTENCIA II, LLC

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

La Potenza II, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Yoshimi O. Smith, Esq.

\_\_\_\_\_  
Name of Person

Beller Smith, P.L.

\_\_\_\_\_  
Firm/Company

2101 NW Corporate Blvd., Suite 316

\_\_\_\_\_  
Address

Boca Raton, Florida 33431

\_\_\_\_\_  
City/State and Zip Code

ysmith@bellersmith.com

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

For further information concerning this matter, please call:

Yoshimi O. Smith, Esq.

\_\_\_\_\_  
Name of Person

at ( 561 )

\_\_\_\_\_  
Area Code

994-4316

\_\_\_\_\_  
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

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

CR2E062 (9/15)

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STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED 2016 APR 16 AM 9:12 SECRETARY OF STATE TALLAHASSEE FLORIDA

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 Potencia II, LLC

SECOND: The Florida Document number of the limited liability company is: L16000070346

THIRD: Document to be corrected is: Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

[X] Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The Articles of Organization as filed indicated one Manager (Yoemis Cespedes),

inadvertently omitting the second Manager. The following manager should be added:

Ivan Ortiz Milanes, 2101 NW Corporate Blvd., Suite 316, Boca Raton, Florida 33431

OR

[ ] Was defectively signed. The number 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: [Handwritten Signature] Date: 4-14-16

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)

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