

**Florida Department of State**  
 Division of Corporations  
 Electronic Filing Cover Sheet

L16000128344

**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.

(((H17000040471 3)))



H170000404713ABCY

**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 : CAPITOL SERVICES, INC.  
 Account Number : 120160000017  
 Phone : (800)345-4647  
 Fax Number : (800)432-3622

17 FEB 10 AM 8:48

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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

**Email Address:** \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 BISCAYNE BOULEVARD PROPERTY OWNER, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

RECEIVED

2017 FEB 10 PM 4:51

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FEB 13 2017  
 J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BISCAYNE BOULEVARD PROPERTY OWNER, 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:

Alberto J. Delgado, Esq.

Name of Person

Kasowitz, Benson, Torres & Friedman, LLP

Firm/Company

1441 Brickell Avenue, Suite 1420

Address

Miami, FL 33131

City/State and Zip Code

adelgado@kasowitz.com

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

For further information concerning this matter, please call:

Alberto J. Delgado, Esq. at ( 786 ) 587-1050

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

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)

**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: BISCAYNE BOULEVARD PROPERTY OWNER, LLC

**SECOND:** The Florida Document number of the limited liability company is: L16000128344

**THIRD:** Document to be corrected is: STATEMENT OF AUTHORITY filed 8/18/2016

**(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 Exhibit A.

**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] Signature of Authorized Representative Maurice Kaufman 2/10/17 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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 FEB 10 AM 8:48

EXHIBIT A

The statements contained in Sections 1b and 2b of the Statement of Authority filed on August 18, 2016 (the "Statement of Authority"), are incorrect. Those two sections incorrectly state that no authority is granted to any member, transferee, manager, officer or any other person, absent the written consent of all members, to execute an instrument transferring real property held in the name of the company, or enter into other transactions on behalf of, or otherwise bind, the company. The statements are incorrect because Chapter 605 of the Florida Statutes does not provide for any such restriction, and the company did not authorize the filing of the Statement of Authority. The authority of the members of the company shall be governed by Chapter 605 of the Florida Statutes.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 FEB 10 AM 8:48