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## **COVER LETTER**

TO: Registration Sect Division of Corpo	ion orations	·			
SUBJECT: 322	SW LLC				
	N	ame of Limited Liabil	ity Company		
Dear Sir or Madam:					
The enclosed Statement of	Correction and fee(s) ar	e submitted for filing.			
Please return all correspon	ndence concerning this m	atter to the following:			
MOSHE,	ABRAMSO, Name of Person	V			
322 SW	LLC Firm/Company				
2116 AVE BROOKLYN,	ENUE L Address				
B&OOKLYN,	y/State and Zip Code	210		TALLA TALLA TALLA	M'estado
E-mail address: (to b	be used for future annual	report notification)		ALLAHASSERAL SECKEDARY OF	
For further information co	ncerning this matter, plea	ase call:		P 12: 56 DFS IATE ESPLORIDA	
MOSHE AGR	Am SON	at ( 9/ 7 ) Area Code	763 - 90 49 Daytime Telephone Number		
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cit Tallahassee, Florida 3230	rcle	F I F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314		
Enclosed is a check for the	he 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.

<u>FIRST</u>	<u>r</u> : The n	ame of the limited liability company is: 322	SWLIC
SECO THIR		The Florida Document number of the limited lia  Document to be corrected is: ARTICLES	of ORGANIZATION FOR FLORIDA LLC
	_ 1	CHECK THE APPROPRIATE BOX AND CO	MPLETE THE APPLICABLE STATEMENT
		ins an incorrect statement. The incorrect statement ent are as follows:	t, the reason the statement is incorrect, and the corrected
	TH	E NAME IN ARTICIEIT WAS D	WPLICATED BY MISTALLE HAD ENTERED
	wro	NOW FA ARTICLE IV. THE COM	CREET FAFOIA ACTICLE IN IS AS FOLLOW
	111	IE! AMBR - MOSHE ABRAMSON,	CORRECT FAFO IN ARTICLE IV IS AS FOLLOW  2116 AVE, L, BROOKLYA, NY 11210
	<u>OR</u>		·
	Was d		nent was defectively signed and the appropriate correction are
			CAHANSSE
	<u>OR</u>		D D
	The el	ectronic transmission of the record was defective.	8/8/16
		Signature of Authorized Representative	Date
-		ew registered agent, if applicable: (NOTE: if correlesignation).	ecting the registered agent, the new registered agent must sign
I herel provis obliga reflect	by accep ions of a tions of	ll statutes relative to the proper and complete perf my position as registered agent as provided for in	t:  act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept the Chapter 605, F.S. Or, if this document is being filed to merely that the limited liability company has been notified in writing
		Registered Ag	gent's Signature
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)

CR2E062 (9/15)