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DIVISION OF CORPORATIONS

O SIMMONS SEP 29 2016

Cana)

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: FRII	JA REAL ES	SIAIE, LLC	,				
	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Statemer	at of Correction and fee(s) a	re submitted for filing.					
Please return all corres	pondence concerning this n	natter to the following:					
Smilka Me	elgoza						
	Name of Person	The state of the s					
	Firm/Company	TOTAL					
6940 Gran	nada Blvd.						
Coral Gab	Address	6					
	les, FL 3314 City/State and Zip Code	0					
		0 00m					
	milkamelgoz						
z man adaress. (to oc asca for facare annual	report notification)					
For further information	concerning this matter, ple	ease call:					
Smilka Me	elgoza	_{at} 786	200-1564				
Namo	e of Person	Area Code	Daytime Telephone Number				
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, Florida 32	ns Circle	Re Di P.0	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314				
Enclosed is a check fo	r 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	<u>[</u> : The na	me of the limited liability company is: FRIDA	REAL ESTATE, LLC		_
SECO THIR	<u>D</u> :	The Florida Document number of the limited liabing Document to be corrected is: Articles of OCHECK THE APPROPRIATE BOX AND COM	rganization		- - -
x	Contai statem	ns an incorrect statement. The incorrect statement, ent are as follows: R- Leslie Valenzuela was added Articles of Organization should or	the reason the statement is incorrect	, and the correc	_
	OR Was do as follo	efectively signed. The manner in which the docume	ent was defectively signed and the ap	16 SEP 2	ction are
	OR The ele	ectronic transmission of the record was defective. Signature of Authorized Representative	09/22/2 Date	B AH IO: 06	
New R I herel provise obliga reflect	ing the d legistered by accept ions of a tions of t	w registered agent, if applicable :(NOTE: if correct esignation). A Agent's Signature, if changing Registered Agent: the appointment as registered agent and agree to a il statutes relative to the proper and complete perform position as registered agent as provided for in City in the registered office address. I hereby confirm the registered office address. I hereby confirm the registered office address.	ect in this capacity. I further agree to mance of my duties, and I am famil hapter 605, F.S. Or, if this documen hat the limited liability company ha	o comply with thicar with and accept is being filed t	he cept the co merely
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)		