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## **COVER LETTER**

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TO: ** Registration Se Division of Co						
Lalaı	ni Developei	rs LLC				
SOBJECT:	N	lame of Limited Liabi	lity Com	pany		
Dear Sir or Madam:						
The enclosed Statement	of Correction and fee(s) a	re submitted for filing				
Please return all corresp	ondence concerning this n	natter to the following	:			
Aaron Res	nick, Esq.					
	Name of Person					
Aaron Res	nick, P.A.					
	Firm/Company					
100 N. Bisca	ayne Blvd, Su	ıite 1607				
***	Address	· · · · · · · · · · · · · · · · · · ·				
Miami, Flo	rida 33132				20	
(	City/State and Zip Code					1
aresnick@	thefirmmian	ni.com			150 - P	<u></u>
E-mail address; (to	be used for future annual	report notification)				
For further information	concerning this matter, ple	tase call:			A III IS	
Aaron Res	nick, Esq.	305	672	2-7495	**	
Name	of Person	Area Code	Day	time Telephone Number	<del></del>	
STREET/COURIER / Registration Section Division of Corporation Chilon Building 2661 Executive Center ( Tallahassee, Florida 32)	s Circle		Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations & 6327 see, Florida 32314		
Enclosed is a check for	the following amount:					
S25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee of Certified Copy	Cer	\$60 Filing Fee, tificate of Status & tified Copy		

CR2E062 (9/15)

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	)		
			ed Agent's Signature			
		Denistan	ad Agant's Signature			
New R I hereh provisi obligat reflect	ng the de egistered y accept ons of all ions of m	signation),  Agent's Signature, if changing Registered, the appointment as registered agent and agentatutes relative to the proper and completely position as registered agent as provided for the registered office address, I hereby contains the registered office address.	Agent: ree to act in this capacity. I furt represents performance of my duties, and or in Chapter 605, F.S. Or, if th	ther agree to compt I I am familiar with its document is bei	ly with the and accepts filed to	pt the
Signati	ire of nev	v registered agent, if applicable :( NOTE: if	correcting the registered agent,		agent mus	st sign
		Signature of Authorized Representative		Date	দ্র	
		ctronic transmission of the record was defec	ctive.	- TC	A II: ₽	U
,	OR		V <u></u>	- 155 155	<del>5</del>	_ [T]
l I					THE HEB	<u> </u>
	Was de as follo	fectively signed. The manner in which the ws:	document was defectively signe	ed and the appropri	ate correct	ion are
_	<u>OR</u>					
	mar	nager of this company.		<del>-</del>		
	Mar	y P. Melton is neither a	n "AMBR", nor a	member i	nor a	
		y P. Melton was incorre	ectly listed as "Al	MBR".		
×	Contair	is an incorrect statement. The incorrect stat	ement, the reason the statement	is incorrect, and th	ie correcte	:d
	Œ	HECK THE APPROPRIATE BOX ANI			<u>ENT</u>	
<u>THIR</u>	THIRD: Document to be corrected is: Articles of Organization					
SECO	- <u>ND:</u>	The Florida Document number of the limit	led liability company is: L16	00017192	24	
FIRS	i: i ne na	ne of the limited liability company is:				
		ion 605.0209, F.S., this document is being some of the limited liability company is:				