

L16000174394

HAMED HAGO  
(Requestor's Name)

465 Brickell Ave 1006  
(Address)

/

(Address)

Miami, FL 33131  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

HHH1 LLC  
(Business Entity Name)

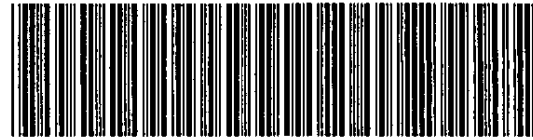
L16000174394  
(Document Number)

Certified Copies 0

Certificates of Status 0

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2016 NOV -1 P 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
NOV 02 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 18, 2016

HAMID HAQQ  
465 BRICKELL AVE 1006  
MIAMI, FL 33131

SUBJECT: HHH1 LLC  
Ref. Number: L16000174394

We have received your document for HHH1 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 616A00022338

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HHH1 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:

Hamid Haqq

Name of Person

HHH1 LLC

Firm/Company

465 Brickell Ave 1006

Address

Miami, FL 33131

City/State and Zip Code

Haqq002@me.com

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

For further information concerning this matter, please call:

Hamid Haqq

913

940 6880

Name of Person

at ( )

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 NOV - 1 P 12:23

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**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: HHH1 LLC

**SECOND:** The Florida Document number of the limited liability company is: 16000174394

**THIRD:** Document to be corrected is: 1600017 16000174394

**(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:

Authorized Person(s) Detail (NAME)

Title MGR

(HAQQ, HANEEF)

← incorrect

Correct → HAQQ, HAMEED

**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 of Authorized Representative

Date

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10/25/16

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)