

L16000190389

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H16000261206 3)))



H160002612063ABCY

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 : SUPERBIZ.COM, INC.
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (305) 675-2811

****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
MURCURY WAREHOUSE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

2016 OCT 21 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2016 OCT 21 A 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

OCT 24 2016

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

H16000261206 3

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: MURCURY WAREHOUSE, LLC

SECOND: The Florida Document number of the limited liability company is: L16000190385

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION

(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:

ARTICLE I INCORRECTLY LISTS THE LLC NAME AS: MURCURY WAREHOUSE, LLC

ARTICLE I SHOULD CORRECTLY LIST THE LLC NAME AS: MERCURY WAREHOUSE, LLC

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.

Michael D. Minkoff
Signature of Authorized Representative

OCTOBER 21, 2016

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)

H16000261206 3