

1/26/2017

Division of Corporations

Florida Department of State
Division of Corporations
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Account Name : C T CORPORATION SYSTEM
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Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE NEW HURRICANE TOUR, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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Help

D. SCOTT

JAN 27 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The New Hurricane Tour, 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:

Jan R. Ezell, Corporate Paralegal

Name of Person

Alston & Bird LLP

Firm/Company

1201 West Peachtree Street

Address

Atlanta, GA 30309-3424

City/State and Zip Code

cpillo@tavistock.com

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

For further information concerning this matter, please call:

Jan R. Ezell

404

881-7442

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

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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: The New Hurricane Tour, LLC

SECOND: The Florida Document number of the limited liability company is: L17000011415

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:

Nick Beucher should not have been listed as a Manager. The names and addresses of the Managers are:

Christopher Anand, South Ocean Boulevard, P.O. Box SP-63158, New Providence, The Bahamas

Mario Conte, 3197 Cortez Road, Jacksonville, FL 32246

Mario Charles Conte, 3197 Cortez Road, Jacksonville, FL 32246

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]
Signature of Authorized Representative

1/25/17
Date

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