06/26/2017

10:09 AM PDT

TO:18506176383

FROM: 7862171243

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Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : JP GLOBAL BUSINESS

Account Number : 120130000083

Phone : (305)359-3700

Fax Number : (786)217-1243

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Page:

2

COVER LETTER

TO:

Registration Section Division of Corporations (((H17000167153 3)))

HABITAT DEVELOPMENT GROUP LLC

Name of Limited Liability Complany

Dear Sir or Madani:

The enclosed Statement of Correction and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

SONIA BOTERO

Name of Person

JP GLOBAL BUSINESS SOLUTIONS INC

Firm/Company

1395 BRICKELL AVENUE, STE 1380

Address

MIAMI, FL 33131

City/State and Zip Code

MASTER@JPGBUSINESS.COM

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

For further information concerning this matter, please call:

SONIA BOTE

Name of Person

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tullahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

S25 Filing Fee

S30 Filing Fee & Certificate of Status

S\$5 Filing Fee & Certified Copy

\$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

(((H170001671533))

Page: 3

STATEMENT OF CORRECTION FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuan	1 10 5 c The r	ection 605.0209, F.S., this document is being submitted to correct a previously filed document, mame of the limited liability company is: HABITAT DEVELOPMENT GROU	JP LLC		
SECON THIRD	<u>SD;</u> Q:	The Florida Document number of the limited liability company is: L170000199 Document to be corrected is: MANAGER'S NAME Articles (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATE	09 of Orgo	uniza	atio
		rains an incorrect statement. The incorrect statement, the reason the statement is incorrect, uncornent are as follows: GR-PEREZ, FELIPE F: Name should be corrected to: PEREZ			
	OR Was	s defectively signed. The manner in which the document was defectively signed and the approphows:	opriate correction a	2017 JUN	
Signat	sure of	Signature of Authorized Representative Date f new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered designation).	SSET CONTROL OF STREET OF	26 AH 9: 27	prin.
New I I here	Regist by acc tions o tions t a ch	eted Agent's Signature, if changing Registered Agent: cept the appointment as registered agent and agree to act in this capacity. I further agree to a of all statutes relative to the proper and complete performance of my duties, and I am familia of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ange in the registered office address, I hereby confirm that the limited liability company has	ie hoing filed to met	ne ely sing	
Registered Agent's Signature					
		Filing Fee: S25.00 Certified Copy: S30.00 (optional)			