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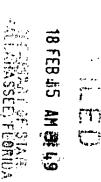
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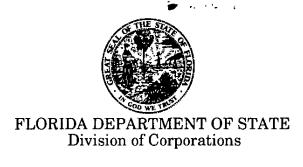


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FEB 1 6 2018 Y SULKER



February 6, 2018

HENRY CABRERA 5350 W 4 COURT HIALEAH, FL 33012

SUBJECT: ATLANTICO BLUE WATERS HOLDINGS LLC

Ref. Number: L17000029293

We have received your document for ATLANTICO BLUE WATERS HOLDINGS 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 118A00002509

RECEIVED

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.

Pursuan	it to sec	ion 603.0209, r.s., this document is being submit	ted to correct a previously fried docum	iiciii.		
FIRST:	: The na	me of the limited liability company is: ATLA	NTICO BLUE WATE	:RS		
		HOLDINGS LLC				
SECON	<u>ND:</u>	The Florida Document number of the limited lial	bility company is: L1700002	9293		
THIRD	Articles of Circanization					
	<u>(</u>	CHECK THE APPROPRIATE BOX AND CO		TEMENT		
中	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the correstatement are as follows:					
The names of person(s) authorized to manage LLC is incorrect. I, Henry Cabrera, opened the LLC						
year and I added my parents Matias and Gloria A Cabrera by mistake as Managing Members. Please						
correct this document to show Henry Cabrera as the only managing member. Address is ok. Thanks.						
	as follo	efectively signed. The manner in which the documents:	nent was defectively signed and the ap	optopriate EB		
		1/44/ auch	2/	12/18		
New R. I hereb provision obligate reflect.	ng the design of a constant of	Signature of Authorized Representative w registered agent, if applicable :(NOTE: if corre esignation). d Agent's Signature, if changing Registered Agent the appointment as registered agent and agree to ll statutes relative to the proper and complete perfuy position as registered agent as provided for interior in the registered office address, I hereby confirm	t <u>:</u> act in this capacity. I further agree to ormance of my duties, and I am famili Chapter 605, F.S. Or, if this documen	o comply with the iar with and accept the t is being filed to merely		
		Registered Ag	gent's Signature			
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			

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