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SECRETARY OF STATE

FER PARTIE

COVER LETTER

TO: Registration S Division of C			
SUBJECT:		86th STR	
	N	ame of Limited Liabilit	y Company
Dear Sir or Madam:			
The enclosed Statemer	at of Correction and fee(s) ar	e submitted for filing.	
Please return all corres	pondence concerning this m	atter to the following:	
CAROLINA	Name of Person		
	Name of Person		
	Firm/Company		
8951 S	W62 DCOUR	4	
	Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
MIAMI,	FL 3315 City/State and Zip Code	56	
	City/State and Zip Code		
CAROLINA	@ Chartera	merica. con	
E-mail address: (to be used for future annual	report notification)	
For further information	concerning this matter, ple	ase call:	
CAROLINA	Ponen	_	
	·	at(_30S_)_	740-3252
Name	e of Person	Area Code	Daytime Telephone Number
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, Florida 32	ns Circle	Re Di P.0	AILING ADDRESS: egistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314
Enclosed is a check fo	r the following amount:		
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	Shows the second
CR2E062 (9/15)			

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursua	nt to sec	tion 605.0209, F.S., this document is being sub-	mitted to correct a previously filed document.	
FIRST	' The n	ame of the limited liability company is: 86	71 SW 86th STREET, LLC	
TIRDI	1110 11	and of the infinited habitity company is.		_
				_
SECO	ND:	The Florida Document number of the limited	liability company is: L1/B000 29670	5
<u>THIRI</u>	<u>D</u> :	Document to be corrected is:	liability company is: L170000 29670	organi a
	(CHECK THE APPROPRIATE BOX AND C	OMPLETE THE APPLICABLE STATEMENT	
A			ent, the reason the statement is incorrect, and the correct	ed
	statem	ent are as follows: Ame. of LLC Shoul	D have been	
		Ame of LLC Shoul 8761 SW 86th	STREET 11C	-
		<u> </u>		_
				-
	<u>OR</u>			
	Was d		ument was defectively signed and the appropriate correct	ction are
	45 1011			
				-40 -20
				<u> </u>
	<u>OR</u>			25 F
	The el	ectronic transmission of the record was defective	e. , , , 👺	종 유미
		Julif	2/14/17 =	
		Signature of Authorized Representative	Date	~ 2 " }}
Signatu	رع ire of ne	w registered agent, if applicable :(NOTE: if cor	тесting the registered agent, the new registered agent m	ust sign
		esignation).		
New Re	egistere	Agent's Signature, if changing Registered Age	ent:	
provision	ons of a	ll statutes relative to the proper and complete pe	to act in this capacity. I further agree to comply with the erformance of my duties, and I am familiar with and acc	ent the
obligati reflect o	ions of r a chang	ny position as registered agent as provided for i e in the registered office address, I hereby confi	n Chapter 605, F.S. Or, if this document is being filed to rm that the limited liability company has been notified in	merely writing
of this c	change.			
		- Helle		
		Registered	Agent's Signature	
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	