

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.

(((H17000328745 3)))



H170003287453ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TOF	Τ	o	:	
-----	---	---	---	--

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694~1639

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

Email	Address:		-	. :-	ا ر		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DEALER BUY LLC

2017 EEE 15 AN IU: 21

 Certificate of Status
 0

 Certified Copy
 ...
 0

 Page Count
 02

 Estimated Charge
 \$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

D. SCOTT DEC 1 8 2017

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

$\alpha_{ND}$	The Hards Day	1 67 1		7000221	631	—			
OND:	Inc Plonda Docum	ent number of the limited li	number of the limited liability company is: L17000221631  ed is: Articles of Organization						
<u>RD</u> :	Document to be cor	rected is: ATTICIES OF	Organization						
	(CHECK THE APPR	OPRIATE BOX AND CO	MPLETE THE APPLI	CABLE STAT	TEMENT				
Cont states	ains an incorrect statem ment are as follows:	nent. The incorrect statemen	nt, the reason the statemer	nt is incorrect, a	and the correc	ote			
The	e effective date	of the Limited Lia	ability Company	will be: 01	1/01/201	8			
The	Registered Agen	t Address will be: 222	1 NW 22nd St Pom	pano Beacl	TFL, 3306	9			
				· -		<u> </u>			
					: 7	—			
<u> </u>									
Was	defectively signed. The	e manner in which the decur	ment was defectively sign	ed and the app	ropriate corre	ecti			
as içi	lows:			•.	<b>1</b> >				
				f :	Ċ;				
			¥		. :u				
	·····			· · ·		_			
		<del></del>				_			
<u>OR</u>									
Thee	lectronic transmission	of the record was defective.							
11100	G . 45 4		r Dogo Attornov	in fact 11	0/45/004*	<del>,</del>			
	1 unh		r Page, Attorney-		2/15/2017	_			
	Signature of Author	orized Representative		Date					
ture of n	ew registered agent, if a designation).	applicable :( NOTE: if corre	ecting the registered agent	, the new regis	tered agent m	ius:			
	d Agent's Signature, if	changing Registered Agent	:						
legistere	of the appointment as re	gistered agent and agree to	act in this capacity. I fur formance of my duties, an	d I ani familiar	with and acc	cen			
by acceptions of a tions of	all statutes relative to the my position as register ge in the registered offic	ed agent as provided for in ( ce address, I hereby confirm	Chapter 605, F.S. Or, if to that the limited liability	ns document is company has b	r being jilea : reen notified l	י מי			