

L 17000238573

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : PADRON AND ASSOCIATES INC.  
 Account Number : I20060000156  
 Phone : (305)818-0404  
 Fax Number : (305)818-0898

2017 DEC 15 PM 9:31  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MNH 87, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

17 DEC 15 PM 4:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **MNH 87, 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:

**RALPH PADRON**

Name of Person

**PADRON & ASSOCIATES, INC.**

Firm/Company

**2095 W 76TH ST - SUITE 102**

Address

**HIALEAH, FL 33016**

City/State and Zip Code

**RALPH@RALPHPADRON.COM**

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

For further information concerning this matter, please call:

**RALPH PADRON**

Name of Person

**305**

Area Code

**818-0404**

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

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: MNH 87, LLC

SECOND: The Florida Document number of the limited liability company is: L17000238573

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION

CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

[X] Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

NAME SHOULD HAVE BEEN:

MNM 87, LLC

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 of Authorized Representative: [Handwritten Signature] Date: 12/15/17

FILED 17 DEC 16 PM 4:09 STATE DEPT OF STATE TALLAHASSEE, FLORIDA

Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)