Division of Corporations



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

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INFINITY BISCAYNE BLVD LLC

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## STATEMENT OF CORRECTION FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		on 605,0209, F.S., this document is being submitted t				
FIRST	: The nau	se of the limited liability company is: INFINITY	BISCAYNE BLVI	D LLC		
			1 180000	117126		
SECOND: The Florida Docum		The Florida Document number of the limited liability	at number of the limited liability company is: L18000017126			
<u>THIRD</u> : Document to be correcte		Document to be corrected is: ARICIES OF OF	Articles of Organization dated 1/22/2018			
	<u>(C</u>	HECK THE APPROPRIATE BOX AND COMPI	ETE THE APPLICABLE	STATEMENT		
*	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:					
	A cor	A comma before the LLC was inadvertently not included and Article I of				
	Artic	Articles of Organization is hereby corrected as follows:				
	Article	Article I - Name: The name of the Limited Liability Company is: INFINITY BISCAYNE BLVD, LLC.				
	OR Was de!	ectively signed. The manner in which the document	was defectively signed and the	he appropriate correction are		
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	The elec	tronic transmission of the record was defective.		• •		
			Febr	uary 9, 2018		
	į	Signature of Authorized Representative Steven-Kassin	Date	:		
		registered agent, if applicable :( NOTE: if correcting lignation).	the registered agent, the nev	v registered agent must sign		
I hereby provisio obligati	y accept toms of all ions of my a change	Agent's Signature, if changing Registered Agent: he appointment as registered agent and agree to act statutes relative to the proper and complete performe position as registered agent as provided for in Chafin the registered office address, I hereby confirm that	mee of my duites, and I am fo over 605, F.S. Or, if this docu	uniliar with and accept the ment is being filed to merely		
Registered Agent's Signature						
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			

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