L1800027998

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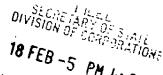
COVER LETTER

TO: Registration Sec Division of Cor			
SUBJECT: CHA	ZAK 18, LL0		
		lame of Limited Liabil	ity Company
Dear Sir or Madam:			
The enclosed Statement	of Correction and fee(s) a	re submitted for tiling.	
Please return all correspo	ondence concerning this m	natter to the following:	
DORCAS 1	ROCHE		
	Name of Person		
RCG ACCOUN	NTING & ASSO	CIAES INC.	
	Firm/Company	-	
9000 SHEF	RIDAN ST#	138	
	Address		
PEMBROK	E PINES, F	L 33024	
C	ity/State and Zip Code		
DTROCHE	@BELLSO	UTH.NET	
E-mail address: (to	be used for future annual	report notification)	
For further information of	oncerning this matter, ple	ase call:	
DORCAS 1	ROCHE	₃₁ , 954	862-2222 Daytime Telephone Number
Name o	f Person	Area Code	Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 323	ircle	; ;	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314
Enclosed is a check for	the following amount:		
S25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	See See Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)



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



	nt to section 605.0209, F.S., this document is being submitted to correct a previously filed document. The name of the limited liability company is: CHAZAK 18, LLC	ΓM 4:
SECON	The Florida Document number of the limited liability company is: L18000027998 ARTICLES OF ORGANIZATION	
1111111	(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:	
	AMBR NAME DANIEL LIEBERMAN NAME IS MISSPELLED	
	CORRECTED NAME IS DANIEL LIBERMAN.	
	<u>OR</u>	
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction as follows:	n are
	<u>OR</u>	
	The electronic transmission of the record was defective.	
<i>>></i>	Signature of Authorized Representative Date	
	are of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must ing the designation).	sign
I hereby provisio obligati	egistered Agent's Signature, if changing Registered Agent: by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept tions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to me a change in the registered office address. I hereby confirm that the limited liability company has been notified in wi change.	erely –
	Registered Agent's Signature	

\$25.00

Filing Fee: Certified Copy:

\$30.00 (optional)