

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L18000060591

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.

(((H180000857683)))



H180000857683ABCA

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

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

From: Account Name : KATZ BARRON
Account Number : 072627002473
Phone : (305) 856-2444
Fax Number : (305) 860-2588

FILED
2018 MAR 16 AM 9:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Email Address: ssm@katzbarron.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMICON REALTY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
2018 MAR 16 PM 2:20
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CJD #10098001

Electronic Filing Menu

Corporate Filing Menu

MAR 19 2018
J. HARRIS
Help

H180000 857683

**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: AMICON REALTY, LLC

SECOND: The Florida Document number of the limited liability company is: L18000060591

THIRD: Document to be corrected is: Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Correct names and addresses of Managers: AJM Development Group, Inc. 127 S. Hibiscus Dr., Miami Beach, FL 33139

Brookman 2 Holding Corp. 3245 NW 61st St., Boca Raton, FL 33496

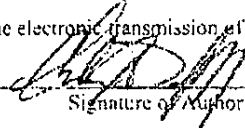
Amicon Management and Real Estate Services, LLC 7430 NE 4th Court, Miami, FL 33138

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

03-16-18
Date

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 692, 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)

H180000857683

CR26062 (9-15)

FILED
2018 MAR 16 AM 2:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA