

To: 506175383

From: SSN 506175383

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Division of Corporations

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L18000060591

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H18000139036-3)))



H180001390363ABC

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

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18 MAY -4 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Certificate of Status	0
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K. SALY

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**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:

The names and addresses of the Managers are:

AJM Development Group, Inc. 127 S. Hibiscus Drive, Miami Beach, FL 33139

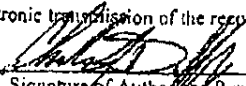
Brookman 2 Holding Corp. 3245 NW 61st Street, Boca Raton, FL 33496

OR Amicon Management and Real Estate Services, LLC 7430 NE 4th Court, Miami, FL 33138
ADD: Lori Anne Young - 7430 NE 4th Court, Miami, FL 33138

- ☐ 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

5/3/18
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 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)

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To: 8506176383

From: SSM-Susan Shaw-Herrero

5-04-18 12:54pm p. 3 of 4

850-817-6381

5/4/2018 11:24:22 AM PAGE 1/001 Fax Server



May 4, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AMICON REALTY, LLC
7430 NE 4TH COURT
MIAMI, FL 33138

SUBJECT: AMICON REALTY, LLC
REF: L18000060591

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H18000139036
Letter Number: 118A00009257

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