

To: 8506176383

From: SSH-Susan Shaw-Mattiero

3-16-18 2:07pm p. 2 of 3

Division of Corporations

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L18000062029

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

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

From: Account Name : KATZ BARRON
Account Number : 07262752473
Phone : (305) 856-2444
Fax Number : (305) 860-2588

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

Email Address: ssm2@katzbarron.com

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

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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2018 MAR 16 PM 2:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
MAR 19 2018
J. HARRIS

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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 HOLDINGS, LLC

SECOND: The Florida Document number of the limited liability company is: L18000062029

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; Weller Construction Holdings, Inc.

4470 N. Meridian Ave., Miami Beach, FL 33140; Ava Partners, Inc. 9190 NW 1st Ave., Miami Shores, FL 33150

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

Date

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

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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