Page 1 of 2

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Division of Corporations **Electronic Filing Cover Sheet** 

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## **COVER LETTÉR**

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TO: Registration So Division of Co				
SUBJECT:	LR DEVELO	OPMENT,	LĿ©	
	1	Name of Limited Liabi	llity Cómpany	
Dear Sir or Madam:				,
The enclosed Statement	of Correction and fee(s) a	re submitted for filing		
Please return all corresp	ondence concerning this n	natter to the following:	:	
RONALD A	ALBERT, JR	, ES <u>Q.</u>		
Hamas Massa - De		had 6 Dalla I CD		
	z Hagen O'Connor Al	Den & Dribin LLP	•	
201 S. Bisc	cayne Blvd.,	Suite 800		2018 TALL
	Address		€	CART A
Miami, Flor	ida 33131			21 SSE
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E-mail address: (to	be used for future annual	report notification)	*	THE TOTAL
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STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Plorida 323	ircle	] ]	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallanassee, Florida 32314	
Enclosed is a check for	the following amount:			
\$25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	\$ 560 Filing Fee, Certificate of Status & Certified Copy	

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

		tion 605.0209, F.S., this document is being submitted:			t.				
<u>FIRST</u>	<u>C</u> : The na	ame of the limited liability company is: HLR D	20	<u> </u>		_			
SECOND: The Florida Docu		The Florida Document number of the limited liability Document to be corrected is: Articles of O	ity company is: L Organization	180000 <b>70</b> 39	7	<u>-</u> -			
	1	CHECK THE APPROPRIATE BOX AND COMP	LETE THE APP	LICABLE STATE	MENT				
λ		Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:							
	The	Articles of Organization incorrectly	y do not stat	te an effectiv	e date.	_			
	The	effective date for the Articles of	Organization	on is March	16,				
	201	8.		7	<b>~</b> ⊅.				
	OR Was d	efectively signed. The manner in which the document ows:	t was defectively s	igned and the appro		ection are			
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		Coral albert. J.		3/21/1.	8	_			
		Signature of Authorized Representative sw registered agent, if applicable :( NOTE: if correctine esignation).	ig the registered ag	Date		nust sign			
l hereb provisi obligat reflect	y accept ons of a lons of n	d Agent's Signature, if changing Registered Agent; I the appointment as registered agent and agree to act Il statutes relative to the proper and complete perform my position as registered agent as provided for in Cha e in the registered office address, I hereby confirm tha	ance of my duties, opter 605, F.S. Or, (	and I am familiar wif this document is b	ilth and ac eing filed i	cept the to merely			
Registered Agent's Signature									
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (option	ngl)					

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