

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.

(((H18000129886 3)))



H180001298863ABCA

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 : FRANK, WEINBERG, BLACK, P.L.

Account Number : I20040000085 Phone : (954)474-8000

Phone : (954)474-8000 Fax Number : (954)474-9850

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

Email Address:

kmoro@fwblaw.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BOCA MEDIATION GROUP, LLC

Certificate of Status		0	
Certified Copy		0	
Page Count	<u> </u>	01	
Estimated Charge	::27	\$25.00	

8 APR 25

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS APR 2 6 2018

н18000129886 3

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED EXABILITY COMPANY

			9, F.S., this document is being subminited liability company is: Boca			
SECO THIR		Document	is Document number of the limited list to be corrected is: ARTICLES HE APPROPRIATE BOX AND CO	of Organization	00074361	
		ntains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected ement are as follows:				
	OR					
(XC)	as fo	Was defectively signed. The manner in which the document was reflectively signed and the appropriate correction are as follows: Articles were electronically signed as Mark Brotman,				
	OR	should h	nave been signed as Ma	re C. Brotman	9 24	
س	The	Na	nsmission of the record was defective.	4/2	24/18	
		•	d agent, if applicable :(NOTE: If corr	recting the registered agent, th	te new registered agent must sign	
I here provis obliga	by acc tions o tions o t a cha	ept the appoin fall statutes re of my position inge in the regi	ignature, if changing Registered Ager iment as registered agent and agree t elative to the proper and complete per as registered agent as provided for in istered office address, I hereby confir	o act in this capacity. I further formance of my duties, and I Chapter 605. F.S. Or. If this	am familiar with and accept the document is being filed to merely	
		-	Registered A	igent's Signature		
			Filing Fee: Certified Copy:	\$25.00 \$35.00 (options)		