

**L18000126390**

Florida Department of State  
Division of Corporations  
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((H180001725143)))



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**To:**

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

**From:**

Account Name : CORPORATE CREATIONS INTERNATIONAL INC  
Account Number : 110432003053  
Phone : (561) 694-8107  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
215 ANTILLA, LLC**

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
COMMERCIAL  
REGISTRATION SERVICES

K. SALY  
JUN 8 2018

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

FILED  
18 JUN -7 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: 215 ANTILLA, LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000126390

**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 company's initial principal office, registered agent and Manager's street and mailing address was listed incorrectly in the Articles of Organization.

The correct street and mailing address for the company's initial principal office, registered agent and Manager is:

421 Sarto Ave., CORAL GABLES, FL 33134

**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.

Jenisa Irizarry

Jenisa Irizarry, Attorney-in-Fact

6/6/2018

Signature of Authorized Representative

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  
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