

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
Fax Number : (561)694-1639

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

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
215 ANTILLA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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CORPORATION
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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)

[x] 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:

Blank lines for describing the manner of defective signing and corrections.

OR

[] The electronic transmission of the record was defective.

Handwritten signature of 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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