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.

(((H19000136220 3)))



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 : GBS CONSULTANTS, INC.

Account Number : I20050000012 Phone : (954)659-8835 Fax Number : (954)301-0417

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

Email Address: info@gbsgroup.net

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PASEO REAL B226 LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

pg 2 of 5

1/001 Fax Server

10

May 1, 2019

FLORIDA DEPARTMENT OF STATE Division of Corporations

PASEO REAL B226 LLC 8290 LAKE DRIVE **UNIT 115** MIAMI, FL 33166US

SUBJECT: PASEO REAL B226 LLC

REF: L18000149331

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

 $\boldsymbol{\omega}$ 

FAX Aud. #: H19000136220 Letter Number: 519A00008736 ⊙ 05/01/2019 11:24 AM

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

|   |                              | ion 605.0209, F.S., this document is being submitted to correct a previously filed documen   | t.                                      |               |  |
|---|------------------------------|--|---|---------------|--|
| ETUCT   | r. The nor                   | me of the limited liability company is: PASEO REAL 8226 LLC  |   |               |  |
| FIRST   | . HIC HAI                    | ne or the minical hability company is:   | · • • • • • • • • • • • • • • • • • • • |               |  |
| SECOND: The Florida Document number of the limited liability company is: L18000149331 |                              |  |   |               |  |
| THIRD; Document to be corrected is: Articles of Organization                          |                              |  |   |               |  |
|   | (C                           | HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATE   | MENT                                    |               |  |
| A   | Contair                      | is an incorrect statement. The incorrect statement, the reason the statement is incorrect, and not are as follows:   |   | 3102          |  |
|   |                              | V - Incorrect statement of the person authorized to manage LLC. Correct statement to the forzed person(s):   | Howing                                  | 2019 MAY      |  |
|   |                              | - Le Club 104, ELC - Address: 8290 LAKE DRIVE UNIT 115 MIAMI, FL 33166.  | Ži.                                     | 1             |  |
|   |                              | - Carlos Vivas-Address: 8290 LAKE DRIVE UNIT 115 MIAMI. FL 33166<br>1 - Yexenia Betancourt - Address: 8290 LAKE DRIVE UNIT 115 MIAMI, FL 33166   | <u> </u>                                | _<br>P#       |  |
|   |                              |  | <del>Ti</del> i,                        | <del></del>   |  |
|   | OR                           |  | 끝                                       | 1: 02         |  |
|   | Was de                       | fectively signed. The manner in which the document was defectively signed and the appro  | priate com                              | ,             |  |
|   |                              |  |   |               |  |
|   | <del></del>                  |  |   |               |  |
|   |                              |  |   | <del></del> - |  |
|   |                              |  |   |               |  |
|   | <u>or</u>                    |  |   |               |  |
|   | The ele                      | ctronic transmission of the record was defective.  |   |               |  |
|   |                              | <b>9</b> 04/24/2019  |   |               |  |
|   |                              | Signature of Authorized Representative Date  | <del></del>                             | <del></del>   |  |
| Ciamate   | of nee                       | w registered agent, if applicable: ( NOTE: if correcting the registered agent, the new register  | and agains                              |               |  |
|   |                              | esignation).   | icu agair i                             | nust sign     |  |
| New P   | 'enistered                   | Agent's Signature, if changing Registered Agent:   |   |               |  |
| I hereb   | y accept                     | the appointment as registered agent and agree to act in this capacity. I further agree to co   |   |               |  |
| obligat<br>reflect  | tions of m                   | standes relative to the proper and complete performance of my duites, and I am familiar very position as registered agent as provided for in Chapter 605, F.S. Or, if this document is less in the registered office address, I hereby confirm that the limited liability company has be | being filed                             | to merely     |  |
|   | Registered Agent's Signature |  |   |               |  |
|   |                              | Filing Fee: \$25.00 Certified Conv: \$30.00 (ontional)   |   |               |  |