

L18000149343

Florida Department of State
Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VERABELLA G166 LLC**

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April 26, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VERABELLA G166 LLC
8290 LAKE DRIVE
UNIT 115
MIAMI, FL 33166US

SUBJECT: VERABELLA G166 LLC
REF: L18000149343

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.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

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Stacy Prather
Regulatory Specialist III

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SECRETARY OF STATE
TALLAHASSEE, FL

P.O. BOX 6327 - Tallahassee, Florida 32314

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

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: VERABELLA G166 LLC

SECOND: The Florida Document number of the limited liability company is: L18000149343

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:

Article V - Incorrect statement of the person authorized to manage LLC. Correct statement to the following authorized person(s):

1. ARTH - Le Chab 104, LLC -Address: 8290 LAKE DRIVE UNIT 115 MIAMI, FL 33166.

2. SIGN - Carlos Vivas -Address: 8290 LAKE DRIVE UNIT 115 MIAMI, FL 33166

3. MGM -Yacenia Betancourt -Address: 8290 LAKE DRIVE UNIT 115 MIAMI, FL 33166

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.

04/24/2019

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 601, 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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