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Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : GBS CONSULTANTS, INC.  
Account Number : I20850000012  
Phone : (954)659-8835  
Fax Number : (954)301-0417

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

Email Address: info@gbgroup.net

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TALLAHASSEE FL

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LE CLUB 104 LLC**

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April 26, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LE CLUB 104 LLC  
8290 LAKE DRIVE  
UNIT 115  
MIAMI, FL 33166US

SUBJECT: LE CLUB 104 LLC  
REF: L18000155199

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.

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.

Stacy Prather  
Regulatory Specialist III

PAX Aud. #: H19000136217  
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SECRETARY OF STATE  
TALLAHASSEE, FL

**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: LE CLUB 104 LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000155199

**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):

MBR - Yexenia Betancourt-Address: 8290 LAKE DRIVE UNIT 115 MIAMI, FL 33166

MBR - Carlos Vivas -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 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  
Certified Copy: \$30.00 (optional)

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