

L18000225861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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09/27/18--01020--021 \*\*25.00

FILED

2018 OCT 15 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FL

OCT 17  
S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2018

ALICIA M. IGLESIAS  
22134 SERENATA CIRCLE EAST  
BOCA RATON, FL 33433

SUBJECT: LOVE MIAMI, LLC  
Ref. Number: L18000225861

We have received your document for LOVE MIAMI, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather  
Regulatory Specialist III

Letter Number: 718A00020602

RECEIVED

OCT 15 2018

*See attached.  
Thank you,  
[Signature]*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LOVE MIAMI, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALICIA M IGLESIAS  
Name of Person

Firm/Company

22134 SERENATA CIRCLE EAST  
Address

BOCA RATON, FL 33433  
City/State and Zip Code

aiglesias@iirealty.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALICIA M IGLESIAS at ( 561 ) 350-6588  
Name of Person Area Code Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301


### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

  
9/26/2018

**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: LOVE MIAMI, LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000225861

**THIRD:** Document to be corrected is: EFFECTIVE DATE NEEDS TO BE CHANGED

**(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:

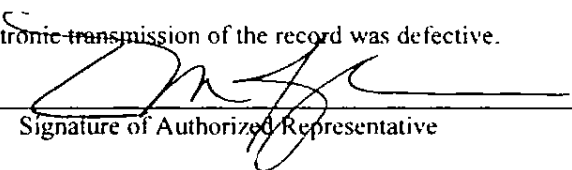
Please change effective date from 9/23/2018 to 9/24/2018

**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.

  
Signature of Authorized Representative

10/9/201  
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)**