

MAR/01/2019/FRI 11:30 AM

2/28/2019

FAX No.

P. 001

L1900043084

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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.

((H19000068598 3)))



H19000685983ABCD

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : 120000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

****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 ALBI REAL ESTATE SA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2019 MAR 1 PM 12:19

Electronic Filing Menu

Corporate Filing Menu

Help

3/4/19

MAR/01/2019/FRI 11:31 AM

FAX No.

P. 002

850-617-6381

3/1/2019 10:42:30 AM PAGE 1/001 Fax Server



March 1, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALBI REAL ESTATE SA LLC
100 PONCE DE LEON BLVD STE 105
CORAL GABLES, FL 33134US

SUBJECT: ALBI REAL ESTATE SA LLC
REF: L19000043084

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.

Please enter the name of the document that needs correcting.

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.

Octavia L Simmons
Regulatory Specialist III

FAX Aud. #: H19000068598
Letter Number: 719A00004303

**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: ALBI REAL ESTATE SA LLC

SECOND: The Florida Document number of the limited liability company is: L19000043084

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:

OR

☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

The document was defectively signed by the "AMBR" Iana Rezepova
see corrected signature listed below.

OR

☐ The electronic transmission of the record was defective.

ⓧ

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. On this _____ day of _____, 2019.