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COVER LETTER

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	gistration S rision of Co	ection orporations				
SURJECT:		AMERICAN DREAM IN FLORIDA LLC				
Cobinita i		Name of Limited Liability Company				
Dear Sir or 8	Madam:					
The enclosed	d Statemen	t of Correction and fee(s) a	are submitted for filin	g.		
Please return	all corres	pondence concerning this i	natter to the followin	g:		
JEROME C	HOURAQ	UI				
		Name of Person		_		
AMERICAN	N DREAM	IN FLORIDA, LLC				
	<u>.</u>	Firm/Company		_		
4770 BISC	YNE BLV	VD SUITE 1430				
		Address		_		
MIAMI, FL	33137					
		City/State and Zip Code		-		
CSERFATY	⁄@SERFA	TYLAW.COM				
E-mail	address: (1	to be used for future annua	report notification)	_		
For further in	nformation	concerning this matter, pl	ease call:			
CHARLES	S. SERFA	ГҮ	305 at (722.8555		
	Name	of Person	Area Code	Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is	a check fo	r 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		

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: AMERICAN DREAM IN FLORIDA, LLC The Florida Document number of the limited liability company is: L20000096577 SECOND: Document to be corrected is: ARTICLES OF ORGANIZATION THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Ø Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: SARL LAUJER IS LISTED AS A MEMBER IN ERROR. SARL LAUJER SHOULD BE REMOVED FROM THE ARTICLES OF ORGANIZATION AB INITIO. OR D Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are <u>OR</u> The electronic transmission of the record was defective. Х Signature of Authorized Representative 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. !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 ofthis change. Registered Agent's Signature