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JUN 30 2020 S. YOUNG



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 9, 2020

FABIANA REIS MIE GROUP LLC 1952 SE CAMILO STREET PORT ST LUCIE, FL 34952

SUBJECT: MIE GROUP LLC Ref. Number: L20000115653

RECEIVED JUN 29 ZOZA

We have received your document for MIE GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 920A00011302

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|--------------------------------------|--|
| MIE GROUP LLC SUBJECT: | | |
| | ame of Limited Liab | ility Company |
| Dear Sir or Madam: | | |
| The enclosed Statement of Correction and fee(s) a | re submitted for filing | <u>y</u> . |
| Please return all correspondence concerning this m | atter to the following | 3: |
| FABIANA REIS | | |
| Name of Person | | - |
| MIE GROUP LLC | | |
| Firm/Company | | - |
| 1952 SE CAMILO STREET | | |
| Address | | - |
| PORT ST LUCIE, FL 34952 | | |
| City/State and Zip Code | | - |
| mic.group.com@gmail.com | | |
| E-mail address: (to be used for future annual | report notification) | _ |
| For further information concerning this matter, ple | ase call: | |
| Fabiana Reis | 772 at (| 882-2596 |
| 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 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)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| Pursuan | t to section 605.0209, F.S., this document is being submitted to correct a previously filed do | cument. | | | | | |
|--|--|-------------------------|-----------------------|--------------------------|--|--|--|
| FIRST: The name of the limited liability company is: | | · . | 2020 | | | | |
| | | B | KMf | | | | |
| <u>SECON</u> | The Florida Document number of the limited liability company is: 1.20000115653 | | 28 | | | | |
| THIRD | ARTICLES OF ORGANIZATION | | A | | | | |
| | (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE S | <u>TATEN</u> | IE N T | | | | |
| ⊠ | Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect statement are as follows: | ect, and t | he corre | ected | | | |
| | (MISSING) AUTHORIZED PERSON (S) DETAIL: | | | | | | |
| | (ADDED) NAME: FABIANA REIS | | | | | | |
| | ADDRESS: 1952 SE CAMILO ST, PORT ST LUCIE, FL 34952 | | | | | | |
| | <u>OR</u> | | | | | | |
| | Was defectively signed. The manner in which the document was defectively signed and the as follows: | appropr | riate cor | rection are | | | |
| | <u>OR</u> | | | <u> </u> | | | |
| | The electronic transmission of the record was defective. | | | | | | |
| | X Falciana Prazares Reis Signature of Authorized Representative Date | 5/)7 | 1/2 | 20 | | | |
| | re of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new ag the designation). | registere | d agent | must sign | | | |
| I hereby provisio obligatio | gistered Agent's Signature, if changing Registered Agent: accept the appointment as registered agent and agree to act in this capacity. I further agree as of all statutes relative to the proper and complete performance of my duties, and I am fan ons of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum change in the registered office address, I hereby confirm that the limited liability company thange. | riliar wit ent is be | th and a ing filea | ccept the I to merely | | | |
| | Registered Agent's Signature | _ | | | | | |

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)