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COVER LETTER

TO: Registration Section Division of Corporations	4	8 14 .	
SUBJECT: MIRVF LLC Name of Limited Liability Company			
Na	me of Limited Lial	odity 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:			
April Butterfuld Name of Person		_	
MIRUF LLC Firm/Company		_	
11108 KLMYDFON VCST	a Dr	_	
RIVERVUW FL 335	9	_	
E-mail address: (to be used for Glure annual re)//) port notification)	_	
For further information concerning this matter, please call:			
Sabrina Bitterfield	_ _{at(_} 127	, 3413659	
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	D\$55 Filing Fee & Certified Copy	\$1360 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: SECOND: The Florida Document number of the limited liability company is: Document to be corrected is: Name THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT 杦 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: \underline{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. 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:

Certified Copy:

\$25.00

\$30.00 (optional)

CR2E062 (9/15)