

L21000054730

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6393

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON
Account Number : 120060000135
Phone : (305) 789-3200
Fax Number : (305) 789-4137

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: cg@ahsresidential.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CIX AHS U.S. MULTIFAMILY HOLDING, LLC

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FEB 10 2021

**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: CIX AHS U.S. MULTIFAMILY HOLDING, LLC

SECOND: The Florida Document number of the limited liability company is: L21000040247

THIRD: Document to be corrected is: the 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:

The names of the managers provided under Article IV are incorrect. Following is the corrected Article IV: The name and address of the manager of the company is: AHS Residential, LLC, 12895 SW 132 St., Suite 202, Miami, FL 33186.

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.

2/08/2021

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

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