L23000043500

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 6/22/2023

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 1159771

ORDER ENTITY
MOS MIA PROPCO I, LLC

PLEASE PERFORM THE FOLLOWING SERVICES	

MOS MIA PROPCO I, LLC (FL)

File the attached correction document and provide a certified copy.

NOTES:

\$55.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, June 22, 2023 Page 1 of 1



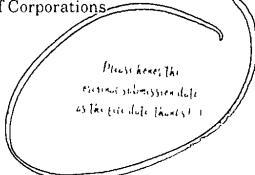
FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2023

INCSERV

SUBJECT: MOS MIA PROPCO I, LLC

Ref. Number: L23000043500



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

The Managers address is not complete.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 223A00014252

Please hear; the ecopial selection even date as the file date (mants).



STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		C	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)				
			Registered Ag	ent's Signature				
accept New F I herei provis obliga reflect	ing the constant t	designation). A Agent's Signature, if change the appointment as register all statutes relative to the property position as registered age to the registered office add	ging Registered Agent ed agent and agree to per and complete perfo ent as provided for in C lress, I hereby confirm	: act in this capacity. I further ormance of my duties, and I a Chapter 605, F.S. Or, if this a that the limited liability com	agree to comply am familiar with locument is bein	y with the and acce	e ept the o merely	
Signat	ure of n	ew registered agent, if application	\	cting the registered agent, the	new registered	agent mi	ust sign	
0	OR The e	lectronic transmission of the Signature of Authorized			6 / 2 Z / -	202	3	
		defectively signed. The manr lows:	ner in which the docum	nent was defectively signed a	nd the appropria	ate correc	ction are	
	Title: MOS MIA II HoldCo LLC, MGR, c/o Rodrigo Sadi, McLaughlin & Stern LLP, 260 Madison Ave., NY, NY 10016							
	Article IV: The name and address of each person authorized to manage and control the LLC:							
		nent are as follows: le IV listed the incorrect Mana	ger.					
a		ins an incorrect statement. T					ed	
III		(CHECK THE APPROPRI	•		DI E STATEME	7NT	-	
		Document to be corrected					_	
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