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COVER LETTER

TO: Registration Section **Division of Corporations** Doral View Residences at Fontainbleau, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Articles of Correction and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Masoud Shojaee Doral View Residences at Fontainbleau, LLC Firm/Company 3470 NW 82nd Avenue, #998 Doral, Florida 33122 City/State and Zip Code mshojaee@shomagroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Frank Silva Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$30 Filing Fee & □ \$55 Filing Fee & ■ \$60 Filing Fee, □ \$25 Filing Fee Certificate of Status Certified Copy Certificate of Status &

Certified Copy

CR2E062 (08/05)

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY 12 NOV 26 PM 12: 44

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30% business days to correct the attached articles of organization or application to transact business, FLORIDA.

FIRST: The name of the limited liability company is: DORAC VIEW RESIDENCES AT TONTHINBLEAU, LLC.		
SECO	ND: The articles of organization or the application to transact business	
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT		
I	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: CORRECT NAME IS DORAL VIEW RESIDENCES AT	
	FONTAINBLEAU LLC"	
	<u>OR</u>	
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:	
\	The word "Resigners" was inadventantly onited from the original application to	
•	onithed from the eniginal replication to	
	transact business.	
Dated:	November 20, 2012	
	\mathcal{W}	
	Signature of a member or authorized representative of a member	
	Masoud <i> </i> Shojaee	
	Typed or printed name of signee	
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	