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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR - 3 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OKON MANAGEMENT LLC

Name of Limited Liability 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:

Max A. Adams, Esq.

Name of Person

The Medilaw Firm

Firm/Company

325 Almeria Avenue

Address

Coral Gables, Florida 33134

City/State and Zip Code

angie@themedilawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Perez

at (305) 444-3484

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

**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: OKON MANAGEMENT LLC

SECOND: The Florida Document number of the limited liability company is: M14000001725

THIRD: Document to be corrected is:
Articles of Incorporation

(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 address for the MGR is incorrect. It should read as follows:

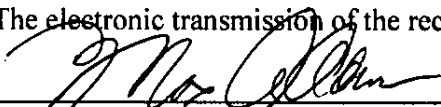
4112 NE 1st Avenue, Miami, Florida 33137.

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.


Signature of Authorized Representative

3/26/14
Date

**Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA