Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000314142 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

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

 Addrace.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIG WINDWARD MARINA STUART LLC

Certificate of Status	0
Certified Copy	1 3
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

I PERSON



1/1

•

To: Page 3 of 3

STATEMENT OF CORRECTION FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuar	nt to section 605.0209, F.S., this doct	ument is being submitted to	correct a previously filed docu	ment.			
FIRST	The name of the limited liability co	ompany is: Windward	Manna Stuart LLC				
<u>SECO:</u>	ND; The Florida Document mir	mber of the limited liability	company is: M1900000	9439			
THIRD: Document to be corrected		Application Bu Fitzerin Limited L.	abile, Company For Authorization To Trans	ect Busicase in Flunda			
	CHECK THE APPROPRI	ATE BOX AND COMPL	ETE THE APPLICABLE STA	ATEMENT			
•	Contains an incorrect statement. T statement are as follows:						
	In Article 8, Stefan Johansson was inadvertently listed as one of the Managers.						
	Stefan Johansson should be removed as a Manager and replaced						
	with: Daysi Johansson, 2999 NE 191 ST ST STE 800 Aventura, FL 33180						
	<u>OR</u>						
	ppropriate correction are						
				2: 8			
	QB	-{} }/6	7				
	The electronic transmission of the	Md weeker	-03-	A - 19 =			
	Signature of Aight food		Date				
S.a.v.n	ire of new registered about, it applies	And State it correction	the registered agent, the new re	wistered seem must sign			
	ng the designation)		the regionered again, the new to	5 =			
l heret proxisi obligat reflect	egistered Agent's Signature, if chang y accept the appointment as register ons of all statutes relative to the pro- ions of my position as registered age a change in the registered office ado- change.	ed agent and agree to act i per and complete performa ent as provided for in Chap	ier 605, F.S. Or, if this documen	o comply with the tiar with and accept the it is being filed to merely			
Registered Agent's Signature							
	(Filing Fee: Certified Copy:	\$25.00 5.30.00 (optional)				