. Division of Corporations

clof2

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

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.

(((H03000070310 5)))

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)205-0383

From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES

Account Number : 110450000714 Phone : (850)222-1173

: (850)224-1640 Fax Number

INISICH OF CORPORATION

0150

LIMITED LIABILITY AMENDMENT

100 ANDULSIA LLC

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

17:07

ARTICLES OF CORRECTION FOR

H03000070310

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY	
Pursua <u>busine</u> in Flor	nt to se ss day ida.	FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY cetion 608.4115, F.S., this document is being submitted within the required 30 set to correct the attached articles of organization or application to transact business. The name of the limited liability company is: LSIA LLC The articles of organization or the application to transact business HE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	Mp Al
100 /	: Andu	The name of the limited liability company is:	('S
<u>SECO</u>	ND:	The articles of organization or the application to transact business	5.00p. 17
(CH	ECK T	HE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	Plog 45
e E	Conta:	ins an incorrect statement. The incorrect statement, the reason the statement is ect, and the corrected statement are as follows: name of the Limited Liability Company is 100 ANDULSIA LLC (the	
	"Çoı	mpany"). The name of the company is misspelled and should be	
	corre	ected to read as follows: "The name of the Limited Liability Company is	
	100 /	ANDALUSIA LLC (the "Company").	
		efectively signed. The manner in which the document was defectively signed and	
	tne ap	propriate correction is as follows:	
			- ·
			· · · · · · · · · · · · · · · · · · ·
Dated:	Marc	2003	
		Signature of a member or authorized representative of a member	
		Typed or printed name of signee	

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)

CR2E063(3/00)