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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

T Q : Regi Divi	stration Section sion of Corporations		
SUBJECT:	ORC Professionals, LLC		
·	(Name of Limited Liability Company)	•	• = •
The enclosed	Articles of and fee(s) are submitted for filing.		
Please return	all correspondence concerning this matter to the following:		
	Jose C. Marrero		
	(Name of Person)	•.	
	The Law Offices of Jose C. Marrero & Associates, P.A.		
	(Firm/Company)		
-	1820 N Corporate Lakes Blvd, Suite 105 (Address)		. —
	Weston, FL 33326 (City/State and Zip Code)		,
For further in	Formation concerning this matter, please call:	1985	
	Olga Cayon at (954) 217-1907	برن احج	77
	(Name of Person) (Area Code & Daytime Telephone Number)	JUN 20 1	
	E CONTRACTOR CONTRACTO	0	M
Enclosed is a ch	neck for the following amount:	U	O
Ź \$25.00 Filin	g Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	•	ı

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327_ Tallahassee, Florida 32314

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

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 in Florida.

<u>FIRST</u>	• • • • • • • • • • • • • • • • • • • •		
	ORC Professionals, LLC		-
SECO:	ND: The articles of organization or the application to transact business		
(CH	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	ATEMENT	
\square	itement is		
	William J. Siemer was mistakenly added as one of the managing m	embers,	-
	he was not intended as a Manger of the organization.	<u> </u>	
	<u> </u>	- <u></u>	<u>.</u>
	<u>OR</u>		
	Was defectively signed. The manner in which the document was defective the appropriate correction is as follows:	ly signed and	_
		SECH SECH	_ _ TI
		HAS:	_
Dated:	June 15th, 2005	O P 1: 28 Y OF STATE EE, FLORIDA	
	Signature of a member of authorized representative of a member	φ>	
	Olga Cayon		
	Typed or printed name of signee		

\$25.00

\$30.00 (optional)

Filing Fee:

Certified Copy: