

LDS000073928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

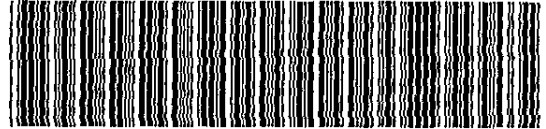
(Business Entity Name)

(Document Number)

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**HOLCOMB & MAYTS, P.A.**

Attorneys And Counselors at Law  
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VICTOR W. HOLCOMB

ANDREW J. MAYTS, JR.

August 1, 2005

Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

RE: Dega Holdings, LLC

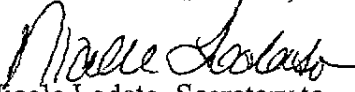
To Whom It May Concern:

Enclosed herewith please find the original Articles of Correction to the Articles of Organization of Dega Holdings, LLC. Please appropriately file and record the original Articles of Correction. Also enclosed is our firm check in the amount of \$25.00, which represents the Filing Fee.

Should you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

HOLCOMB & MAYTS, P.A.

  
Nicole Lodato, Secretary to  
Victor W. Holcomb

/nml  
Enclosures

**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.

**FIRST:** The name of the limited liability company is:  
Dega Holdings, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT**

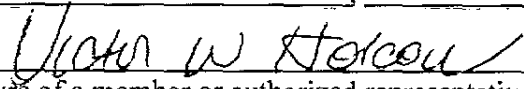
Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
The mailing address and street address of the principal office of the Limited Liability Company is: 501 S. Melville Ave., #3, Tampa, FL 33606 contains the incorrect address. The CORRECT address is 501 S. Melville Ave., #2, Tampa, 33606.

**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

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DIVISION OF CORPORATIONS  
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Dated: August 1, 2005

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Victor W. Holcomb, Attorney and Authorized Agent  
\_\_\_\_\_  
Typed or printed name of signee

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