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## **COVER LETTER**

TO: Registration Division of	n Section Corporations					
SUBJECT: BEL	IEVE IN, LLC.					
	(Name of Limited Liability Company)					
Dear Sir or Madam:						
The enclosed Articles of Correction and fee(s) are submitted for filing.						
Please return all corr	espondence concerning this	s matter to the followin	g:			
Frederic M.			_			
	(Name of Person)					
Barthe & Leigl	n LLP					
	(Firm/Company)		_			
2455 E. Sunrise Blvd., Suite 602						
	(Address)					
Fort Lauderdale FL 33304						
(City/State and Zip Code)						
For further informati	on concerning this matter, p	olease call:				
Frederic M. Ba	rthe	at (_ 954	) <b>523-555</b> 5			
(Na	ame of Person)	(Area Code &	& Daytime Telephone Number)			
STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Florida	ions er Circle 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	S30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy			

CR2E062 (08/05)





## ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST BELIEV	The name of the limited liability company is: /E IN, LLC.		_
SECO (CH	ND: The articles of organization or the application to transact business  IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEM	MENT	
. <u></u>	Contains an incorrect statement. The incorrect statement, the reason the statement incorrect, and the corrected statement are as follows:		_
	Article I should be amended to reflect that the name of the Limited Liability Com 2 BELIVE, LLC.	pany is	<u>-</u> <u>-</u>
	OR  Was defectively signed. The manner in which the document was defectively signed the appropriate correction are as follows:	ed and	- - -
Dated:	JULY 12  Signature of a member or authorized representative of a member  FREDERIC M. BARTHE	07 JUL 30 P	SECRETARY O SECRETARY O DIVISION OF COR
	Typed or printed name of signee  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	PM 4: 57	OF STATE PORATIONS