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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DELIGHTS OF BENEZIT, 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 correspondence concerning this matter to the following:

FABRICE BENEZIT

Name of Person

DELIGHTS OF BENEZIT, LLC.

Firm/Company

304 LAKE SERENE DRIVE

Address

ORLANDO FL 32836

City/State and Zip Code

bizinvest@cfl.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FABRICE BENEZIT

Name of Person

at (407)

227-0997

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 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 ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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**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:
 DELIGHTS OF BENEZIT, 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 NAME OF THE LIMITED LIABILITY COMPANY SHOULD BE

"DELIGHTS OF BENEZIT, LLC."

BUT IT APPEARS AS "DELIGHT OF BENEZIT, LLC."

OR



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

Dated: JUNE 09 , 2010

JACQUES MORTON.

Signature of a member or authorized representative of a member

JACQUES MORTON

Typed or printed name of signee

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

FILED
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