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B. BOSTICK

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT:			
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:			
IDO DAVID Name of Person			٠.
IELLC, LLC Firm/Company			
G180 DORA DR.	I SE		
Mount DORA 32757 City/State and Zip Code	GREDOKT (MAR 28	Canadar Annual A
E-mail address: (to be used for future annual report notification)	FINTE	PM 3: 09	
For further information concerning this matter, please call:			
Name of Person at (469) 556-3346 Area Code & Daytime Telephone Number	9		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:			
\$25 Filing Fee \$\sum \text{\$\$\$\$ \$30 Filing Fee & S55 Filing Fee & Certificate of Status \$\sum \text{Certified Copy}\$\$\$ 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	The name of the limited liability company is: LIOSO LIELLO, LLC	034	71:	5
<u>SECO</u>	·			
(<u>C</u> 1	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE S	TATEM	<u>ENT</u>	
\square	Contains an incorrect statement. The incorrect statement, the reason the stincorrect, and the corrected statement are as follows: THE NAME OF THE COMPANY IS	TO	3E	
	IE, LLC RATHER THAN IELLC. AN ERROR WAS MADE AT TIME OF	,		-
	THE COPRECT NAME OF THE COMPAN BE IE, LLC.		Hàu	LD
	Was defectively signed. The manner in which the document was defective the appropriate correction are as follows:	SELIZIONE SELIZI	11 Ind 11 Ind 12 22	en de la constante de la const
		m _c	PE	
		STATE LORIDA	သ <u>ှ</u> (၂၀	**************************************
Dated:	Signature of a member of authorized representative of a member 100 DAVID Typed or printed name of signee	-		-
	Filing Fee: \$25.00			