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SECRETARY OF STATE



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Matrix Trump, 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:
Nelson Taracido, Esq. Name of Person
Firm/Company
5825 Sunset D, #210
South Miami, FL 33143  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  Name of Person  Name of Person  Name of Person  Area Code & Daytime Telephone Number
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STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 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 & \$55 Filing Fee & Certificate of Status Certified Copy 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:  Matrix Trump, LLC					
SECO:	ND: The articles of organization or the application to transact business					
<u>(CH</u>	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STA	TEME	<u>NT</u>			
X	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:					
	The Name was incorrect and sha have been Matrix TT3, LLC	ould				
	error. Please change Name to Matrix T	13,	<u>را</u>	_		
	<u>OR</u>					
	Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	signed a	and 			
Dated:	Signature of a member or authorized representative of a member  Nelson Taracilo, Esq  Typed or printed name of signee	SECRETARY OF SI TALLAHASSEE, FLI	11 MAY 11 PH 12:			
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	ATE ORIDA	0			