

L110000091233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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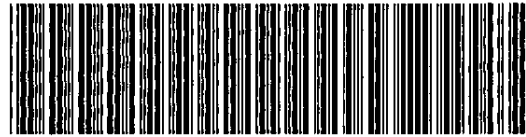
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

'AUG 23 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MY CASTLE REALTY 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:

LUCY RIVERA

Name of Person

MY CASTLE REALTY LLC

Firm/Company

1706 OAK BREEZE AVE

Address

KISSIMMEE, FL. 34744

City/State and Zip Code

lriviera.mycastlerealty@gmail.com

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

For further information concerning this matter, please call:

Lucy Rivera

Name of Person

at ( 407 )

922-1953

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 AUG 22 PM 12:59

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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.

L11000091233

**FIRST:** The name of the limited liability company is:  
MY CASTLE REALTY 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:  
ADD LUCY RIVERA AS A MANAGING MEMBER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
18 AUG 22 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Dated: AUGUST 18, 2011

Lucy Rivera  
Signature of a member or authorized representative of a member

LUCY RIVERA

Typed or printed name of signee

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