

L13000174046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

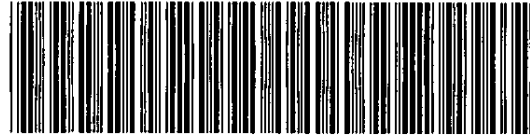
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Culligan AUG 12 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PODIUM US, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT E. COHN, ESQ.
Name of Person

LAW OFFICES OF SCOTT E. COHN, P.A.
Firm/Company

800 SE 3RD AVE., SUITE 200
Address

FT. LAUDERDALE, FL 33316
City/State and Zip Code

scottecohn@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT E. COHN, ESQ. at (954) 523-8787
Name of Person 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

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: PODIUM US, LLC

SECOND: The Florida Document number of the limited liability company is: L13000174046

THIRD: Document to be corrected is:
ARTICLES OF ORGANIZATION AND ANNUAL REPORT

(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:

Reflects the incorrect spelling of the Manager's name as

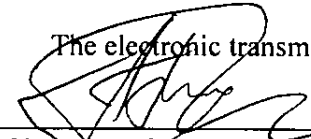
Aleksandrs Popovs the correct spelling is Alexandr Popov.

OR

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

OR

The electronic transmission of the record was defective.


Signature of Authorized Representative

07/18/2015
Date

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

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TALLAHASSEE FLORIDA