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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

B. BOSTICK
JUL - 3 2014
AMTFR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Selfmade Realty 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:

GORY BLANK Donald Blank
Name of Person

Selfmade Realty LLC
Firm/Company

5551 NW 51ST AVE
Address

COCONUT CREEK, FL 33073
City/State and Zip Code

DBB9309@Bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DON BLANK at (786) 985 7522
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

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 TALLAHASSEE, FLORIDA

**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: Selfmade
Reality LLC

SECOND: The Florida Document number of the limited liability company is: 414000028026

THIRD: Document to be corrected is:
Self made Realty LLC

(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:

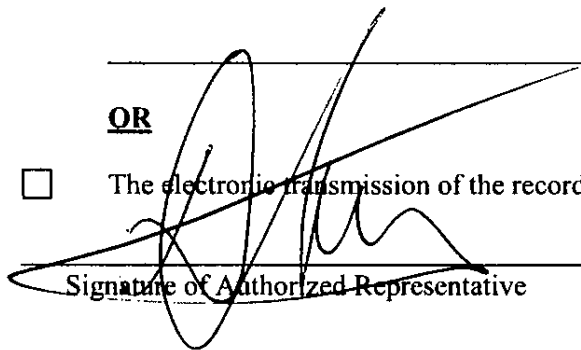
An error in the business name.
Currently as: Selfmade Reality,
LLC. Needs to be corrected
to Selfmade Realty LLC

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

6/13/14
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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