

Florida Department of State  
Division of Corporations  
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**L16000050864**

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BUSH ROSS, P.A.  
Account Number : I19990000150  
Phone : (813)224-9255  
Fax Number : (813)223-9620

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PF ALLIANCE, LLC

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J. HARRIS

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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: PF ALLIANCE, LLC

SECOND: The Florida Document number of the limited liability company is: L16000050864

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION

CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

[x] Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

THE ZIP CODE ON THE MAILING ADDRESS IS LISTED AS 33541. THE CORRECT ZIP CODE FOR P.O. BOX 566, ZEPHYRHILLS, FLORIDA IS 33539-0566.

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.

Handwritten signature of authorized representative

Signature of Authorized Representative

May 6, 2016

Date

Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

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

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**TELECOPIER TRANSMITTAL COVER SHEET**

Number of Pages: 2 (excluding cover sheet)

**SUBJECT:** Statement of Correction - PF Alliance, LLC re zip code (for filing)

**DATE:** 5/9/2016

**TO:** FL DOC - LLC filings (Business Fax)

**COMPANY:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**FAX #:** +1 (850) 617-6383

**FROM:** **Brenda K. Holland,**  
**bholland@bushross.com**

**TELEPHONE:** (813) 204-6440

**FAX:** (813) 223-9620

**COMMENTS:**  
Statement of Correction - PF Alliance, LLC re zip code (for filing)

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