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TRANSMITTAL LETTER

TO:	TO: Amendment Section Division of Corporations			
SUBJ	ECT: LEE COUNTY REAL ESTATE COUNS	EL, INC.		
DOC	UMENT NUMBER: N05000005536			
The en	nclosed Articles of Correction and fee are sul	mitted for filing.		
Please return all correspondence concerning this matter to the following:				
	C. DENNIS LUETTICH, JR., ESQU	RE (son)		
	PAVESE LAW FIRM, LLP (Name of Firm)	ompany)	,	
1833 HENDRY STREET (Address)				
FORT MYERS, FLORIDA 33902-1507 (City/State and Zip Code)				
For further information concerning this matter, please call:				
C. DENNIS LUETTICH, JR. at (239) 336-6236 (Name of Person) at (239) Daytime Telephone Number)				
Enclosed is a check for the following amount:				
	☑ \$35.00 Filing Fee	□ \$43.75 Filing	Fee & Certificate of Status	
	☐ \$43.75 Filing Fee & Certified Copy	□ \$52.50 Filing Certified Copy	Fee, Certificate of Status & y	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	Division 409 E. G	ddress: ent Section of Corporations aines Street ee, Florida 32399	

ARTICLES OF CORRECTION

Document Number (if known)

for LEE COUNTY REAL ESTATE COUNSEL, INC. Name of Corporation as currently filed with the Florida Dept. of State N05000005536

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected. These Articles of Correction correct ARTICLES OF INCORPORATION filed with the Department of State on MAY 26, 2005 (File Date of Document) Specify the inaccuracy, incorrect statement, or defect: THE NAME OF THE CORPORATION, LEE COUNTY REAL ESTATE COUNSEL, INC., IS SPELLED INCORRECTLY. Correct the inaccuracy, incorrect statement, or defect: THE NAME OF THE CORPORATION SHOULD BE, LEE COUNTY REAL ESTATE COUNCIL, INC. (Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator; if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

PETER J. GRAVINA, ESQUIRE

(Typed or printed name of person signing)

REGISTERED AGENT (Title of person signing)

Filing Fee: \$35.00