L05000030023

| (R | equestor | s Name) | • | |
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| (A | ddress) | | | |
| (A | ddress) | | • | |
| (C | ity/State/2 | ip/Phone # |) | |
| PICK-UP | □ v | VAIT | MAIL | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Ce | ertificates of | Status | |
| Special Instructions to | Filing Of | ficer: | | |
| Name Availabili ty | | | | |
| Document Examinar | tas j | | | |
| Updater | Office | Use Only | | |
| VCF.A. H | (x:C | | | |
| Jiso la lement | DCC | | | |
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EECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

| TO: | Amendment Section Division of Corporations | |
|--------|--|--|
| SUBJ | ECT: To | Poarz Land UC |
| | | L 05000030023 |
| | nclosed Articles of Correction and | |
| | | |
| Please | e return all correspondence concern | ing this matter to the following: |
| | SKipper | (Name of Person) |
| | 11 | (Name of Person) |
| | | Name of Firm/Company) |
| | | |
| | P.o.Box 958 | (Address) |
| | Lyan Haved F | (Address) (Address) LCRETARY AHASSET City/State and Zip Code) |
| For fu | arther information concerning this n | iii - |
| | Skipper C. Rutherford (Name of Person) | at (850) 265-6979 FT (Area Code & Daytime Telephone Number) |
| Enclo | sed is a check for the following am | ount: |
| | ☐ \$35.00 Filing Fee | \$43.75 Filing Fee & Certificate of Status |
| | ☐ \$43.75 Filing Fee & Certified | Copy \$52.50 Filing Fee, Certificate of Status & Certified Copy |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 |



Secretary of State

April 11, 2005

SKIPPER C. RUTHERFORD P.O. BOX 958 LYNN HAVEN, FL 32444

SUBJECT: TOPOAZ LAND, LLC Ref. Number: L05000030023

We have received your document for TOPOAZ LAND, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the form for a Florida corporation not a limited liability company. Please complete the attached form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 805A00024562

Diane Cushing Document Specialist

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

| <u>FIR\$1</u> | | | | | |
|---------------|--|--|--|--|--|
| SECO | | | | | |
| <u>(CH</u> | ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT | | | | |
| Ø | Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: | | | | |
| | The Spelling of the LLC was in correct. It should be | | | | |
| | TODAZ LOND LLC | | | | |
| | PR TE | | | | |
| | | | | | |
| | OR PROPERTY OF THE PROPERTY OF | | | | |
| | Was defectively signed. The manner in which the document was defectively signed the appropriate correction is as follows: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Dated: | Apzil 15, 2005 | | | | |
| | Signature of a member or authorized representative of a member | | | | |
| | SKINDER (RUTHERFORT) | | | | |
| | Typed or printed name of signee | | | | |
| | Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) | | | | |