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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEIDER REFERRAL SERVICE, LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

SHERRI L. JOHNSON

(Name of Person)

DENT & JOHNSON, CHARTERED

(Firm/Company)

P.O. BOX 3259

(Address)

SARASOTA, FL 34230

(City/State and Zip Code)

For further information concerning this matter, please call:

SHERRI L. JOHNSON

(Name of Person)

at (941) 952-1070

(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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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

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

FIRST: The name of the limited liability company is:
LEIDER REFERRAL SERVICE, LLC

SECOND: The articles of organization or the application to transact business

(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:

Article II contains the incorrect address. The address of the principal office of the limited liability company is 2100 Constitution Blvd., Suite 207, Sarasota, FL 34231

OR

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

Dated: October 20, 2005


Signature of a member or authorized representative of a member

Sherri L. Johnson, as Authorized Agent of Frank Leider, Member

Typed or printed name of signee

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

**ARTICLES OF ORGANIZATION
OF
LEIDER REFERRAL SERVICE, LLC**

ARTICLE I. NAME.

The name of the limited liability company shall be

LEIDER REFERRAL SERVICE, LLC

ARTICLE II. PRINCIPAL OFFICE AND MAILING ADDRESS.

The address of the principal office of the limited liability company as well as the mailing address of the limited liability company is:

1532 Shelburne Lane
Sarasota, Florida 34231


ARTICLE III. INITIAL REGISTERED OFFICE AND AGENT.

The street address of the limited liability company's initial registered office is 330 South Orange Avenue, Sarasota, Florida 34236 and the name of the limited liability company's initial registered agent at that address is Sherri L. Johnson.

ARTICLE IV. MANAGEMENT.

The limited liability company shall be managed by the members in accordance with an operating agreement adopted by the members.

Dated this 28th day of September, 2005.



Sherri L. Johnson, as Authorized Agent
For Denise Leider, Member

Having been designated and appointed to act as registered agent and to accept service of process for and on behalf of the above stated limited liability company, at the place designated in this certificate, I hereby state that I am familiar with and accept the obligations of registered agent for the limited liability company and accept the appointment to such position, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


SHERRI L. JOHNSON
Registered Agent

Dated: Sept. 28, 2005