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2005 NOV 23 P	3: 44
SECRETARY OF STALLAHASSEE, FE	TATE
(Requestor's Name)	URIDA
(Address)	-
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	_
(City/State/Zip/Phone #)	_
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TO: Registration Se Division of Co		2	2005 NO	<u>№</u> 23 P 3:44
SUBJECT:		OFIND, 2	LC (2050000)	ASY OF STATE
	(Name of	f Limited Liability Con	npany)	- •
Dear Sir or Madam:				
The enclosed Articles o	f Correction and fee(s) ar	e submitted for filing.		
Please return all corresp	ondence concerning this	matter to the following	3:	·
Aim	EDISH (Name of Person)	<td><u>.</u></td> <td></td>	<u>.</u>	
ETTE	(Firm/Company)	ND,LLC		
13/3/ 3	W 132 NPS (Address)	SIREET, SU	ME 202	
MAMI,	FL 33/86 (City/State and Zip Code)	<u> </u>	-	
For further information	concerning this matter, p	olease call:		
Asmet (Nam	E DISHKIA e of Person)	at (305 (Area Code &	169-005 k Daytime Telephone Number)	<u>x3/3</u>
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, Florida 32	ns Cĭrcle	- 	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Englosed is a check for	or the following amount:	:		
\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

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 transaction of transaction in Florida. SECRETARY OF STATE THE name of the limited liability company is:

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

<u> </u>	The articles of organization of the approach to transact desires	
(CH	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	s
☑	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: I. THE SUITE NUMBER WAS NOT INCLUDED IN THE ADDRESS OF THE	
	LIMITED LIABILITY COMPANY AND THE REGISTERED AGENT. "SUITE 202" BE	EDS ADDE
c	2. THE INCORRECT MANAGING MEMBER WAS LISTED, THE CORRECT	rvers
T	NAME OF THE MANAGING MEMOGOL IS "ETR MANAGEMENT INC." HE ADDRESS IS 13131 SW 132 D STREET, SUITE 202 MIAMI, FL 33 OR	
d	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: AS NOTED ADDRESS HE MANAGING MEMBER WAS	
	INCORRECT. GRIC T. REARDON, SIGNED ON BEHALF OF "ERIC	-
	T. REARDON" BUT HE SHOULD'VE BEEN SIGNING AS	
	AN AUTHORIZED REPRESENTATIVE OF "FTR MANAGEMENT, INC WHICH IS THE CORRECT MANAGING MEMBER.	,- 1
Dated:	10/21/05	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	
	1) boa or brussoa marka or astrica	

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