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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: R & R BLOCK DISTRIBUTORS, L.L.C.

SUBJECT: IV C	IN DECON DICTIO	ABOTONO, E.E.	.0.	
	(Name	of Limited Liability Co.	mpany)	
Dear Sir or Madam:				THE COUNTY OF THE ST
The enclosed Article	es of Correction and fee(s) a	are submitted for filing.	· '	Z.
Please return all corr	respondence concerning this	s matter to the following	g:	ASSCE
M. Daniel Sa	RSSO (Name of Person)	·	<u>.</u>	•
	(Name of Person)			
M. Daniel Sas				
	(Firm/Company)		-	
4223 Del Prac			_	
	(Address)			
Cape Coral, F	lorida 33904			
(City/State and Zip Code)			-	
For further informati	on concerning this matter,	please call:		
M. Daniel Sasso at (2		at (239) 542-1355 Daytime Telephone Number)	
(N:	ame of Person)	(Area Code &	t Daytime Telephone Number)	
STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Florida	cions er Circle		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	

CR2E062 (08/05)

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.

111 1 101	iua.
FIRST R&RE	The name of the limited liability company is: BLOCK DISTRIBUTORS, L.L.C.
SECO	ND: The articles of organization or the application to transact business IECK 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: The principal office address and the mailing address of the limited liability company should read: 7347 Heritage Palms Estates Drive, Fort Myers, FL 33912
	OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
Dated:	December 2005
	Signature of a member or authorized representative of a member Robert A. Raab, Manager Typed or printed name of signee Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)