## L05000120339

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J. BRYAN JAN 1 1 2006

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	KEAL ESTAGE	HCCOM.	MODATIONS	LLC
	(Name o	f Limited Liability Co	ompany)	
Dear Sir or Madam				
The enclosed Articl	es of Correction and fee(s) ar	e submitted for filing		
Please return all cor	respondence concerning this	matter to the following	រត្ត:	
Freddie	(Name of Person)		_	
Real Pu	operty Excha	nge SERV	ices, LLC	' <u></u>
110 H	erald Court	_	<del>.</del>	
Punta	Gorda FL (City/State and Zip Code)	_ 33950		-
For further informat	ion concerning this matter, p	lease call:	•	
Freddie (N	Coldue II ame of Person)	at (94) (Area Code 8	286-6933 & Daytime Telephone Numb	er)
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter Circle	·	MAILING ADDRESS: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 323	<b>s</b>
Enclosed is a check	for 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	s &
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.

FIRST:	The name of the limited liability company is:  Real Estate Accomodators, UC #L0500120339
SECON	
(CHI	CK 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:
	OR  Was defectively signed. The manner in which the document was defectively signed and
<b>'</b> 1	INCORRECT Spelling of the WORD ACCOMMODATORS  Originally Misspelled AS Ac. omodators. Please Vanye to "Repl Estate Accommodators," LLC"
Dated:	Signature of a member or authorized representative of a member  FREDDIC CADWELL  Typed or printed name of signee  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)