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SECRETARY OF STATE TALLAHASSEE, FLORIDA (Requestor's Name) (Address) 800065352338 (Address) (City/State/Zip/Phone #) PICK-UP MAIT. MAIL 03/10/06--01026--003 **135.00 (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status _ Special Instructions to Filing Officer:

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COVER LETTER

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		JYEK LEITE	- • •	THE CAME OF THE PERSON NAMED IN
TO: Registration Division of	n Section Corporations			?1 P 2: 25
SUBJECT:	GALVAN		OPMENT SECRETAR	LE. FLORIDA
	(Name of	f Limited Liability Co	mpany)	
Dear Sir or Madam:				
The enclosed Article	es of Correction and fee(s) ar	e submitted for filing.		
Please return all corn	respondence concerning this	matter to the followin	g:	
RICH	(Name of Person)		_	
_GALVAT	JO DEVELOP (Firm/Company)	MENT, U	C	
27911	(Firm/Company) (Firm/Company) (Address) (Address) (City/State and Zip Code)	E BOULE	vard	
BONITA	SPRINGS (City/State and Zip Code)	FL 341	35	
For further informat	ion concerning this matter, p	lease call:		
ROBIN	GAWAN O ame of Person)	at (239 (Area Code 8		
STREET/COURIE Registration Section Division of Corporar Clifton Building 2661 Executive Cent Tallahassee, Florida	tions ter 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	

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 2025 business days to correct the attached articles of organization or application to transact business SECRETARY OF STATE ALLAHASSEE, FLORIDA in Florida. The name of the limited liability company is: GALVA FIRST: EVELOPMENT, LIC 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: Please change "Manager | Member Detail" m Galvano GROWD, UC to RICHARD SAWANO, MGR. <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: Dated: _ Signature of a member or authorized representative of a member Robin Galvano Typed or printed name of signee

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)