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ZUUS MAY 17	<b>'</b> ₽ #:01
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## **COVER LETTER**

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2006 MAY 17 P 4: 01

SECRETARY OF STATE

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**TO:** Registration Section Division of Corporations

SUBJECT: Seaside Asset Management, LLC

(Name of Limited Liability Con	mpany)
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	g:
Mark A. Violette	
(Name of Person)	-
Mark A. Violette, PA	_
(Firm/Company)	
42 BUSINESS CENTER DRIVE, STE. 311 (Address)	· -
Miramar Beach, FL 32550	
(City/State and Zip Code)  For further information concerning this matter, please call:	
Mark A. Violette at (850 (Area Code &	) 654-0068 Daytime Telephone Number)
(Maile of Felson)	Daysine 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:	

☐ \$55 Filing Fee &

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CR2E062 (08/05)

\$25 Filing Fee

& Filing Fee ور.

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## ARTICLES OF CORRECTION

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FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY / 7 P 4: 01 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 F.

in Flor	ida.
FIRST	The name of the limited liability company is:  Seaside Asset management, LLC
SECO	ND: The articles of organization or the application to transact business
<u>(CH</u>	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:
	On Article V of the Articles of Organization, please change James N. Radord to read James N. Radford.
	OR  Was defectively signed. The manner in which the document was defectively signed and
	the appropriate correction are as follows:
Dated:	April 14, 2005
	Signature of a member or authorized representative of a member  Typed or printed name of signee

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)

CR2E062 (08/05)