

L06000055861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

06/19

Office Use Only



100076046391

06/12/06--01038--004 **55.00

APPROVED
AND
FILED

06 JUN 12 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWING DYNAMICS, LLC
(Name of Limited Liability Company)

^{Correction}
The enclosed Articles of Amendment and fee(s) are submitted for filing.
~~XXXXXX~~

Please return all correspondence concerning this matter to the following:

F.B. Estergren
(Name of Person)

F.B. ESTERGREN, P.A.
(Firm/Company)

P.O. Drawer 2167
(Address)

Ft. Walton Beach, FL 32549
(City/State and Zip Code)

For further information concerning this matter, please call:

F.B. Estergren at (850) 850 4268
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|---|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 transact business in Florida.

FIRST: The name of the limited liability company is: SWING DYNAMICS, LLC
L 06000055861

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:
Addresses in ART. II & IV are incorrect. Address for GREG GUSTAFSON in ART. V is incorrect.

The correct addresses in ART II & IV are: 1743 Ivalea Circle,
Navarre, FL 32566

The correct address for Greg Gustafson in ART. V is:
1743 Ivalea Circle,
Navarre, FL 32566

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

Dated: June 7, 2006

Martin Bungardner

Signature of a member or authorized representative of a member

Martin Bungardner

Typed or printed name of signee

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