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06 JUN 23 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 27 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAGNIAPE, LLC
(Name of Limited Liability Company)

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:

Diana M. Noble

(Name of Person)

Stanley J. Lieberfarb, P.A.

(Firm/Company)

1100 5th Avenue S. Suite 405

(Address)

Naples, Florida 34102

(City/State and Zip Code)

For further information concerning this matter, please call:

Diana M. Noble

(Name of Person)

at (239) 403-0611

(Area Code & Daytime 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:

☐ \$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 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: **LAGNIAPE, LLC**

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:

_____ The name of the entity: LAGNIAPE
_____ The correct spelling of the entity name is:
_____ LAGNIAPPE, LLC

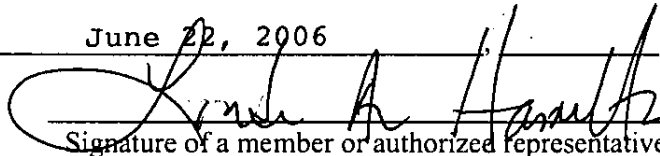
OR

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

_____ Linda Hamilton, Title: MGRM is incorrect
_____ Linda Hamilton, Title: Manager (not a member)

Dated: _____

June 22, 2006


Signature of a member or authorized representative of a member

LINDA HAMILTON

Typed or printed name of signee

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L06000060225
FILED 8:00 AM
June 13, 2006
Sec. Of State
dbruce

Article I

The name of the Limited Liability Company is:

LAGNIAPE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

404 CITATION POINT
NAPLES, FL. US 34104

The mailing address of the Limited Liability Company is:

404 CITATION POINT
NAPLES, FL. US 34104

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

LINDA HAMILTON
404 CITATION POINT
NAPLES, FL. 34104

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: LINDA HAMILTON

Article V

The name and address of managing members/managers are:

Title: MGRM
LINDA HAMILTON
404 CITATION POINT
NAPLES, FL. 34104 US

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June 13, 2006
Sec. Of State
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Article VI

The effective date for this Limited Liability Company shall be:

06/13/2006

Signature of member or an authorized representative of a member

Signature: LINDA HAMILTON