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(Address)

(Address)

(City/State/Zip/Phone #)

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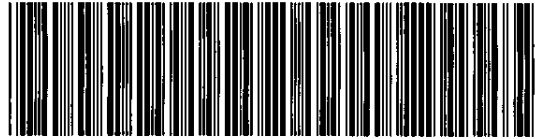
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COVER LETTER

TO: Registration Section
Division of Corporations

Tristyn's Global Enterprises

SUBJECT: ~~Robin Rampersad~~, 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:

Christina Rampersad
(Name of Person)

Tristyn's Global Enterprises, LLC
(Firm/Company)

PO Box 244
(Address)

Mount Dora, FL 32756
(City/State and Zip Code)

For further information concerning this matter, please call:

Christina at (407) 470-3716
(Name of Person) (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 608.4114, F.S., this document is being submitted within the required 30 business days to correct the attached ARTICLES OF ORGANIZATION OR APPLICATION TO TRANSACT BUSINESSIN Florida.

FIRST: The name of the limited liability company is Tristyn's Global Enterprises, LLC

SECOND: The articles of organization or the application to transact business Contains the incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article V. Christina Rampersad is listed as a MGR. Instead it should read Christina Rampersad is a managing member. Robin Rampersad is listed as a managing member. Robin Rampersad should be removed from the Articles of Organization.

Dated 12/03, 06

Christina R Rampersad

Signature of a member or authorized representative of a member

Christina R Rampersad

Typed or printed name of signee

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

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