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Account Name : LEGALZOOM Account Number : I20010000062

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MND/RESTATE/CORRECT OR M/MG RESIGN

AVELO/GONZALES RENOVATIONS LLC

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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: AVELO/GONZALES RENOVATIONS 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: Katie Lee (Name of Person) Legálzoom.com, Inc. (Firm/Company) 7083 Hollywood Blvd., Suite 180 (Address) Los Angeles, CA 90028 (City/State and Zip Code) For further information concerning this matter, please call: 962-8600 x207 Katie Lee (Area Code & Daytime Telephone Number) (Name of Person) STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

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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 AVELO		he name of the ES RENOVATION	limited liability comp NS LLC	eny is:	· .		
SECO!	<u>ND</u> : T	he articles of o	organization or the app	lication to transact business			
(CH	ECK TH	E APPROPRIA	ATE BOX AND COMP	<u>LETE THE APPLICABLE S</u>	TATEMENT		
Ø	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: INCORRECT:						
	Article (√: The name o	f the registered agent	was misspelled as Isreal G	onzalez		
	CORRE	СТ	<u> </u>				
	Article i	Article IV: The name of the registered agent should be corrected to: Israel Gonzalez					
	<u>OR</u>						
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction arc as follows:						
					••••		
					· 		
Dated:	Decem	ber 7		2006			
			ati	•			
	Signature of a member or authorized representative of a member						
	_	Armine Ter-Vardanyan, Authorized Representative					
	Typed or printed name of signee				. !		
			Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			

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