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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : USA CORPORATE SERVICES INC.  
Account Number : I20000000220  
Phone : (800)891-7432  
Fax Number : (518)433-1489

*J 11/22*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ARSENIO'S CUSTOM MADE CHARCOAL GRILLS LLC

RECEIVED

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DIVISION OF CORPORATIONS

Certificate of Status	0
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Page Count	03
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Help

(((H06000280606 3)))

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARSENIO'S CUSTOM MADE CHARCOAL GRILLS 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:

DENNIS M. CUCCURULLO

(Name of Person)

USA CORPORATE SERVICES INC.

(Firm/Company)

46 STATE STREET - 3RD FLOOR

(Address)

ALBANY, NY 12207

(City/State and Zip Code)

For further information concerning this matter, please call:

DENNIS M. CUCCURULLO

(Name of Person)

at ( 518 ) 433-1400

(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

CR2E062 (08/05)

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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: The name of the limited liability company is: ARSENIO'S CUSTOM MADE CHARCOAL GRILLS 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: ARTICLE 2 THE STREET ADDRESS SHOULD READ AS FOLLOWS:

1 RYBAR LANE, PALM COAST, FL 32164

OR

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

Dated: NOVEMBER 21

Handwritten signature of Frank Orlando, dated 2006

Signature of a member or authorized representative of a member

FRANK ORLANDO

Typed or printed name of signee

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

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