

DEC. 14. 2006 10:18AM

TRENAM KEMKER

NO. 6794

Page 1 of 1

06000117320

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000294941 3)))



H060002949413ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : TRENAM, KEMKER, SCHARP, BARKIN, PRYE, O'NEILL & MULLIS, P.A.
Account Number : 076424003301
Phone : (813) 223-7474
Fax Number : (813) 229-6553

06-117320

99-010010MO

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FGP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

RECEIVED
06 DEC 14 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
06 DEC 14 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H06000294941 3)))

**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:
FGP, 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 II states that the address is 1706 W. Gray Street, Tampa, Florida, 33606. The

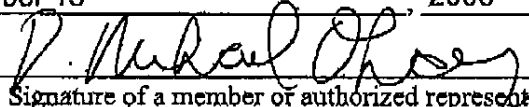
company's attorney used a wrong. The correction should be:

1706 W. Grace Street, Tampa, Florida, 33607.

OR

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

Dated: December 13, 2006


Signature of a member or authorized representative of a member

D. Michael O'Leary, authorized representative

Typed or printed name of signer

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 DEC 14 AM 10:06

FILED

(((H06000294941 3)))