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DIVISION OF CORPORATION



## **COVER LETTER**

TO: Registration Section Division of Corporation				
SUBJECT:	leval.	110		
	(Name of	Limited Liability Con	mpany)	
Dear Sir or Madam:				
The enclosed Articles of Co	prrection and fee(s) ar	e submitted for filing.		
Please return all correspond	ence concerning this	matter to the following	g;	
Erick	Gordor Name of Person)	`	-	
	Firm/Company)		-	
1331 Brick	(Address)	Or Suite	1007	
Miami (City	State and Zip Code)	1	-	
For further information con-	cerning this matter, p	lease call:		
DANIE Name of I	pisso Person)	at (	319 - 1270 Daytime Telephone Number)	
STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, Florida 32301	_	-	MAILING ADDRESS: A Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	Attn: Brenda Tablock
Enclosed is a check for the	e following amount:			
	30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

CR2E062 (08/05)

## 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: MEVAL, LLC SECOND: The articles of organization or the application to transact business (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT) X Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: e= MGRM Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: Signature of a member or authorized representative of a member

> Filing Fee: Certified Copy:

\$25.00

rtified Copy: \$30.00 (optional)

Typed or printed name of signee