

From:

Division of Corporations

#274 P.001/002

Page 1 of 1

Florida Department of State
Division of Corporations
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.

((H14000010207 3)))



H140000102073ABCP

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) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

14 JAN 14 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INGNITEWITHUS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

TALLAHASSEE, FLORIDA

2014 JAN 14 PM 2:35

Electronic Filing Menu

Corporate Filing Menu

Help, BOSTICK

JAN 15 2014

From:

01/14/2014 11:25

#274 P.002/002

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is:

INGNITEWITHUS LLC

107-18186

SECOND: Document to be corrected is:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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:

The incorrect statement is the new name of the LLC.

The reason the statement is wrong is because the new name contained a typographical error, as corrected the name is:

The name of the LLC is: IGNITEWITHUS LLC

OR

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

OR

☐ The electronic transmission of the record was defective.

Joane R. Kershner
Signature of Authorized Representative

1/13/14
Date

2014 JAN 14 PM 8:59
FILED
TALLAHASSEE
FLORIDA

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