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TALLAHASSEE FLORIDA

DB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capital Builders, 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:

William R. Huseman

(Name of Person)

Huseman & Marquinez, P.A.

(Firm/Company)

3733 University Blvd. West, Suite 210-B

(Address)

Jacksonville, FL 32217

(City/State and Zip Code)

For further information concerning this matter, please call:

William R. Huseman

(Name of Person)

at (904) 448-5552

(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

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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:

Capital Builders, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

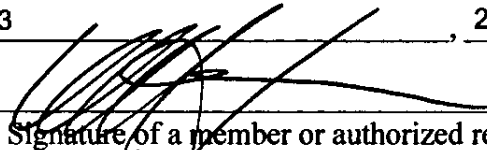
- Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Address should be listed as 233 Office Plaza Drive, Tallahassee, FL 32301

OR

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

Dated: March 23, 2007


Signature of a member or authorized representative of a member

William R. Huseman

Typed or printed name of signee

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

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