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TALLAHASSEF, FIGHE

COVER LETTER

TO: Registration Section Division of Corporations									
SUBJECT: BASE, 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	ng:								
PHILIP K. CLARKE, ESQ. (Name of Person)	_								
KASS SHULER SOLOMON SPECTOR FOYLE & SINGER, F	PA = 50 = 3								
(Firm/Company)									
PO BOX 800 (Address)	CAHASSEI								
The Control of the Co									
TAMPA FL 33601 (City/State and Zip Code)	STATE STATE								
For further information concerning this matter, please call:	SIDA STE								
PHILIP K. CLARKE at (813) 229-0900 Ext. 1372								
(Name of Person) (Area Code a	& 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 & ☐ \$55 Filing Fee & Certificate of Status ☐ Certified Copy	Certificate of Status &								
CR2E062 (08/05)	· .								

ARTICLES OF CORRECTION FOR \cdot FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST BASE, L		The name of the limited li	ability comp	oany is:						
SECO:	<u>ND</u> :	The articles of organization	on or the app	lication to tra	nsact busines	S				
(CH	ECK T	THE APPROPRIATE BOX	AND COMP	LETE THE A	PPLICABLE	STAT	<u>EMEN</u>	<u>T</u>		
7	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Article II - Street address and mailing address are incorrect due to clerical error.									
	Correct	t address is 6101 Webb Road,	Suite 202, Ta	ımpa, FL 33615	j.					
	Article	V - Address of managing me	mber is incor	rect due to cle	rical error.					
	Correct	t address is 6101 Webb Road,	Suite 202, Ta	ımpa, FL 33615	ō.	SE	200			
	<u>OR</u>					ORETAR AHASS	- Will			
		efectively signed. The mar propriate correction are as f		n the documer	nt was defecti	ively sign	gned an	ndj j		
						RIDA	50			
							· ,			
										
Dated:	MAY	3		2007						
		[LASM	1/1/11	1	_					
		Signature of a member of	or authorized	representativ	e of a member	er				
		PHILIP K. CLARKE,ESC) .							
Typed or printed name of signee										
		Filing	g Fee:	\$25.00						

Certified Copy:

\$30.00 (optional)