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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEWEY CHAFFEE COMEDY CREATIONS, 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:

DEWEY CHAFFEE  
(Name of Person)

DEWEY CHAFFEE COMEDY CREATIONS, LLC  
(Firm/Company)

5891 WINDHOVER DRIVE  
(Address)

: ORLANDO, FLORIDA 32819  
(City/State and Zip Code)

For further information concerning this matter, please call:

DEWEY CHAFFEE at (407) 234-0280  
(Name of Person) (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

CR2E062 (08/05)

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 TALLAHASSEE, FLORIDA

**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:  
DEWEY CHAFFEE COMEDY CREATIONS, 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:  
I CHANGED MY COMPANY NAME TO  
"DEWEY CHAFFEE COMEDY CREATIONS" BUT WISH  
IT TO REMAIN AS "DEWEY CHAFFEE CREATIVE  
ENTERPRISES, LLC," SORRY FOR THE  
CONFUSION,

**OR**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: JUNE 26, 2007

Dewey Chaffee  
Signature of a member or authorized representative of a member

DEWEY CHAFFEE  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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