

LD700006836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

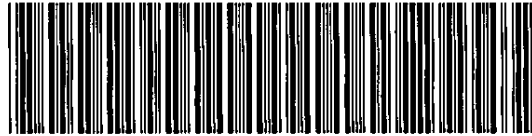
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

DB

Office Use Only



400104668664

FILED

07 JUN 27 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

07 JUN 27 AM 8:45

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CSC.

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 967642 9666A

AUTHORIZATION:

COST LIMIT : \$ 25.00

ORDER DATE : June 26, 2007

ORDER TIME : 5:04 PM

ORDER NO. : 967642-025

CUSTOMER NO: 9666A

DOMESTIC AMENDMENT FILING

NAME: VISION SALES 2008, LLC

XX ARTICLES OF CORRECTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER'S INITIALS: _____

FILED
07 JUN 27 AM 8:58
SECRETARY OF STATE
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: VISION SALES 2008, 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:

The name of the Limited Liability Company is VISION SALES 2008, LLC

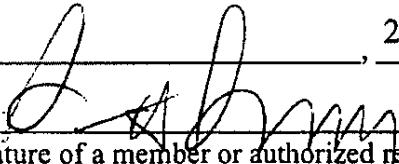
TYPOGRAPHICAL ERROR

The name of the Limited Liability Company is VISION SALES 2007, LLC

OR

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

Dated: June 26, 2007



Signature of a member or authorized representative of a member

Steven H. Gray

Typed or printed name of signee

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

07 JUN 27 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED