

107000068892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

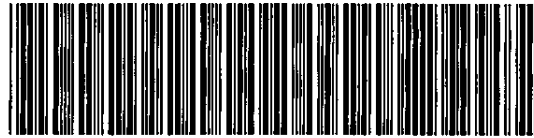
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** S L M Motors, 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:

Samuel L. Morgan

(Name of Person)

S L M Motors, LLC

(Firm/Company)

4701 SW Orange Drive Building 3 Bay 1

(Address)

Davie Florida 33314

(City/State and Zip Code)

For further information concerning this matter, please call:

Samuel L. Morgan

(Name of Person)

at ( 305 )

761-6421

(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

CR213062 (08/05)

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07 JUL 24 PM 2:32  
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:

SLM Motors, 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:

Remove the name of Kevin Morgan as a officer of the corporation effective immediately

Change the address from 4701 SW Orange Drive Building #8 Bay # 23

to the correct location is 4701 SW Orange Drive Building #3 Bay # 1

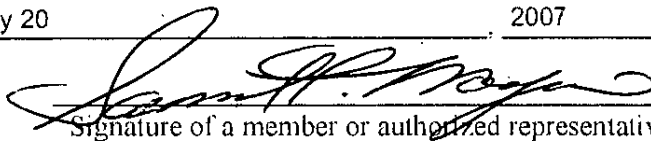
**OR**



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

Dated: July 20

2007



Signature of a member or authorized representative of a member

Samuel L. Morgan

Typed or printed name of signee

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

07 JUL 24 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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