

LOT0000078580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

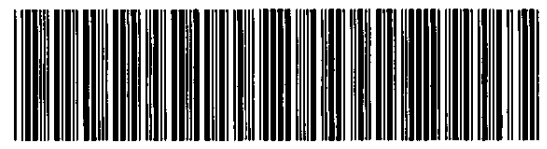
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Cor.

Office Use Only



400106873214

08/03/07--01010--009 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
07 AUG -3 PM 12: 01

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Creating The Sweet Life 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:

Carrie Cuchens
(Name of Person)

(Firm/Company)

91 Key Haven Rd.
(Address)

DeFuniak Springs, FL 32433
(City/State and Zip Code)

For further information concerning this matter, please call:

Carrie Cuchens at (850) 685-7284
(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

**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: Creating The Sweet Life 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:

Incorrect Statement in Article I. Name "Creating The Sweet Life LLC incorrect.

Reason incorrect is name was entered on filing wrong.

Correct name in Article I should reflect "The Sweet Life Creations LLC"
as name of the LLC.

OR

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

Dated: August 2, 2007

Carrie Cuchens
Signature of a member or authorized representative of a member

Carrie Cuchens
Typed or printed name of signee

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

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L07000078580
FILED 8:00 AM
July 31, 2007
Sec. Of State
dbruce

Article I

The name of the Limited Liability Company is:

CREATING THE SWEET LIFE LLC

Article II

The street address of the principal office of the Limited Liability Company is:

91 KEYHAVEN ROAD
DEFUNIAK SPRINGS, FL. 32433

The mailing address of the Limited Liability Company is:

91 KEYHAVEN ROAD
DEFUNIAK SPRINGS, FL. 32433

Article III

The purpose for which this Limited Liability Company is organized is:

CATERING AND ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

CARRIE M CUCHENS
91 KEYHAVEN ROAD
DEFUNIAK SPRINGS, FL. 32433

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: CARRIE CUCHENS

Article V

The name and address of managing members/managers are:

Title: MGR
CARRIE M CUCHENS
91 KEYHAVEN ROAD
DEFUNIAK SPRINGS, FL. 32433

Title: MGR
VICTORIA E SMITH
800 CJ LAIRD RD
PONCE DE LEON, FL. 32455

Signature of member or an authorized representative of a member

Signature: CARRIE CUCHENS

L07000078580
FILED 8:00 AM
July 31, 2007
Sec. Of State
dbruce