

L67000079015

(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:

[Handwritten signature]

Office Use Only



500106145145

08/03/07--01002--004 **25.00

RECEIVED
07 AUG -2 PM 2:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 AUG -2 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 022686 7600069

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : July 23, 2007

ORDER TIME : 1:28 PM

ORDER NO. : 022686-001

CUSTOMER NO: 7600069

FILED
07 AUG - 2 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: SHOWOFF WHOLESALE &
DISTRIBUTING LLC

EFFECTIVE DATE:

XXX ARTICLES OF CORRECTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX PLAIN STAMPED COPY

CONTACT PERSON: Dina Davis - ext 2910 Thank you!

EXAMINER'S INITIALS: _____

**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:
SHOWOFF WHOLESALE & DISTRIBUTING 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:

In reference to document number L07000079015, filed on August 1, 2007:

Organization

The name of the entity as shown on the Articles of ~~Incorporation~~ is Showoff Wholesale & Distributing LLC.

However, the correct name of the entity is Showoff Wholesale & Distribution 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 _____

Dina L. Davis

Signature of a member or authorized representative of a member

**Dina L. Davis
as its agent**

Typed or printed name of signee

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

FILED
07 AUG - 2 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA