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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VACATION PARADISE TRAVEL GROUP 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:

ASHLEY MCCHESENEY

(Name of Person)

VACATION PARADISE TRAVEL GROUP LLC

(Firm/Company)

2336 MIDTOWN TER APT. 937

(Address)

ORLANDO, FL 32839

(City/State and Zip Code)

For further information concerning this matter, please call:

ASHELY MCCHESENEY

(Name of Person)

at ( 407 ) 908 6940

(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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2008 APR -7 A 7:36  
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:  
VACATION PARADISE TRAVEL GROUP 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:  
ARTICLE V: NAME OF MGRM

INCORRECT NAME: ASHLEY MCCHESNEY

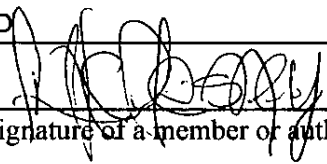
THE LAST NAME IS INCORRECT

CORRECT NAME: ASHLEY MCCHESNEY

**OR**

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

Dated: APRIL 2ND, 2008

  
Signature of a member or authorized representative of a member

ASHLEY MCCHESNEY

Typed or printed name of signee

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

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2008 APR - 7 A 7:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA