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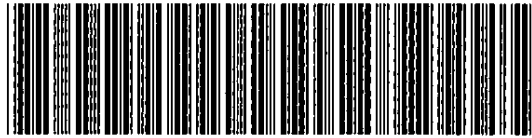
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TACKLE TESTERS, 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:

DAVID G. DRESLIN

(Name of Person)

DRESLIN FINANCIAL SERVICES

(Firm/Company)

7985 113TH STREET, SUITE 220

(Address)

SEMINOLE, FLORIDA 33772

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID G. DRESLIN

(Name of Person)

at ( 727 ) 393-7439

(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:  
TACKLE TESTERS, 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 I IS INCORRECT

ARTICLE I SHOULD BE AS FOLLOWS:

THE NAME OF THE LIMITED LIABILITY COMPANY IS: AMERICAN TACKLE TESTERS, LLC.

**OR**

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

Dated: MAY 6

Signature of a member or authorized representative of a member

DAVID G. DRESLIN

Typed or printed name of signee

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 MAY -8 AM 10: 07

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