

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3889

L. SELLERS

JUN - 6 2008

EXAMINER**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN****T10 WEB SOLUTIONS LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T10 Web Solutions 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:

Francyne Carrillo

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

7083 Hollywood Blvd., Suite 180

(Address)

Los Angeles, CA 90028

(City/State and Zip Code)

For further information concerning this matter, please call:

Francyne Carrillo

(Name of Person)

at (323) 962-8600 x 341

(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 &
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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:
T10 Web Solutions 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.

The member name Michael J. Langon is incorrect.

The member name shall read as follows: Michael J. Langone

OR



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

Dated:

June 2

Signature of a member or authorized representative of a member

Natalie Nutter, Member

Typed or printed name of signee

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

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TALLAHASSEE, FLORIDA

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