

208000068/50

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TALLAHASSEE, FLORIDA

D. BRUCE

SEP 05 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I CANDEE EVENTS 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:

Lynn M. Bove

(Name of Person)

ICANDEE EVENTS LLC

(Firm/Company)

4100 NE 1ST. Ave, Apt. 1

(Address)

Miami, FL 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

Lynn M. Bove

(Name of Person)

at (786) 663-2105

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2008

LYNN M. BOVE
4100 NE 1ST AVE, APT. 1
MIAMI, FL 33137

SUBJECT: I CANDEE EVENTS LLC
Ref. Number: L08000068150

We have received your document for I CANDEE EVENTS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 808A00046316

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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:
ICANDEE EVENTS 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:

THE CORRECT NAME IS ICANDEE EVENTS LLC . (ICANDEE IS ONLY ONE WORD NOT TWO WORDS)

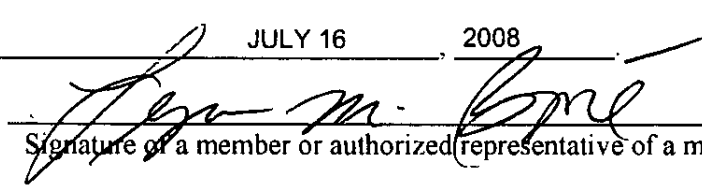
THE FILING SHOWS THE NAME AS : I CANDEE EVENTS LLC

PLEASE CHANGE AND CORRECT THE NAME TO READ: ICANDEE EVENTS LLC

OR

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

Dated: _____ JULY 16 _____, 2008


Signature of a member or authorized representative of a member

LYNN M. BOVE

Typed or printed name of signee

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

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TALLAHASSEE, FLORIDA