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## **COVER LETTER**

TO: Registration Division of	Section Corporations		
SUBJECT: BIAN	CA UKW L.L.C.		
	(Name o	f Limited Liability Co	mpany)
Dear Sir or Madam:			
The enclosed Articles	s of Correction and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this	matter to the following	g:
MARIO I. GUZ			
	(Name of Person)		
GUZMAN & GUZ	MAN P.A.		
	(Firm/Company)		<del>-</del> ,
9130 SOUTH DA	DELAND BLVD. SUI	ΓE 1600	<u>.</u>
	(Address)		·
MIAMI, FLORIDA	A 33156		_
,	(City/State and Zip Code)		_
For further information	on concerning this matter, p	olease call:	
MARIO I. GUZMA		at (305	670-1991
(Na	me of Person)	(Area Code &	k Daytime Telephone Number)
STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, Florida 3	ons er Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
□ \$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 <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST BIANCA	The name of the limited liability company is:		<u> </u>	_
SECO (CH	ND: The articles of organization or the application to transact business  IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	Г <b>АТЕМЕ</b>	NT	
<u>(C.</u>	Contains an incorrect statement. The incorrect statement, the reason the statement, and the corrected statement are as follows:  WE CAN NOT USE UKW IN THE NAME OF THE COMPANY, BECOUSE THE NAME IS PROTECTED. THE CORRECT NAME IS	tement is		3. —
	OR  Was defectively signed. The manner in which the document was defectivel the appropriate correction are as follows:	y signed	and	
				<del>-</del> -
Dated:	OCTOBER 17,2007  Signature of a member or authorized representative of a member of a membe	SECKLIAN TALLAHAS:	08 OCT 22	
	Typed or printed name of signee  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)		» AM 8: 43	