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. (	City/State/Zip/Phone #)	
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C. LEWIS
NOV 1 3 2008
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: VISOR FLORIDA LLC	
(Name of Limited Liability Co	mpany)
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	g:
BARRY PERL	_
(Name of Person)	
(Firm/Company)	_
PO BOX 530858	
(Address)	<u></u>
MIAMI SHORES, FLORIDA 33153-0858 (City/State and Zip Code)	-
For further information concerning this matter, please call:	•
BARRY	751-0377
(Name of Person) (Area Code of	& Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
☑ \$25 Filing Fee  □ \$30 Filing Fee & □ \$55 Filing Fee & Certificate of Status	☐\$60 Filing Fee, Certificate of Status & Certified Copy

TO:

## 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	The name of the limited liability company is: VIZOR LLC			_	
SECO	ND: The articles of organization or the application to transact business				
<u>(CH</u>	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	ATEM	<u>ENT</u>		
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:				
				_	
				- -	
	<u>OR</u>				
	Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	y signed	and	_	
				-	
				-	
Dated:	NOVEMBER 6, 2008	TALL	2009		
	Signature of a member or authorized representative of a member	CRETAK AHASS	NOV II		
	BARRY L PERL	<u>in</u> - ⟨	0 A		
	Typed or printed name of signee	FLO	5		
	Filing Fee: \$25.00	ORIDA	AM 10: 47		

Certified Copy:

\$30.00 (optional)