

LO 8000115165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

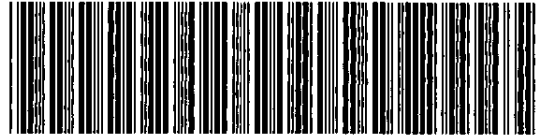
(Business Entity Name)

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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Urbane Enterprises 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:

~~Temporary Address:~~

Shannon Stclair
(Name of Person)

Urbane Enterprises LLC
(Firm/Company)

2114 N. Flamingo Road #185
Pembroke Pines, FL 33028
(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Shannon Stclair at 954 (610-1) 521
(Name of Person) (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:

URBANE ENTERPRISES LLC
~~LOGOON SERVICES ENTERPRISES 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 word ENTERPRISES should be ENTERPRISE
Please change my company name to:
URBANE ENTERPRISE LLC

OR

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

Dated: 12-22-08

Shannon St. Clair
Signature of a member or authorized representative of a member

Shannon St. Clair
Typed or printed name of signee

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