

LD90000004222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

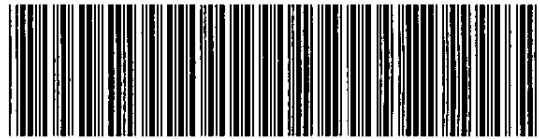
Special Instructions to Filing Officer:

L. SELLERS

FEB 10 2009

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09 FEB -9 AM 8:10
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TALLAHASSEE FLORIDA

GP Business Services, Inc.

Enrolled To Practice Before the IRS

1004 W. Brandon Blvd

Brandon, FL 33511

Phone (813) 689-6603

Fax (813) 654-8784

Email gpane101@msn.com

February 3, 2009

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Subject: Filter Maxx LLC
Doc No. L09000004222

Gentlemen:

The enclosed Articles of Correction and fee are submitted for filing. . . .

Please return all correspondence to the following:

Stephen Chastain
Filter Maxx, LLC
Po Box 600711
Jacksonville, FL 32260-0711

For further information regarding this matter please call Stephen Chastain, at 904-334-2838.

Sincerely,



Gabe Panepinto

Enclosures

**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:
Filter Maxx 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:
Physical address and mailing address have changed.

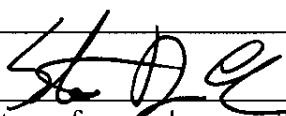
The new physical address is: 3780 Kori Road, No. 178, Jacksonville, FL 32287

The new mailing address is: PO Box 600711, Jacksonville, FL 32260-0711

OR

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

Dated: February 3, 2008



Signature of a member or authorized representative of a member

Stephen Chastain, Member

Typed or printed name of signee

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