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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: VERSATIL, 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:
MARTHA BELLO OR IMILSIS WONG  (Name of Person)  Watha Bello Versali (CC  (Firm/Company)
TARINA FI 33(11)
TANPA. FL. 33614 (City/State and Zip Code)
For further information concerning this matter, please call:
MARTHA BELLO at (BI3) 447 - 6464  (Name of Person) (Area Code & Daytime Telephone Number)
(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 Certificate of Status Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy 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:	The name of the limited liability company is:	<u>.</u> .c.	
SECOND:	The articles of organization or the application to transact business		
(CHECK	THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STA	<u>ATEMEN'</u>	<u>r</u>
	rains an incorrect statement. The incorrect statement, the reason the statement, and the corrected statement are as follows:	ement is	
		,	<del></del>
OR			
the a	defectively signed. The manner in which the document was defectively appropriate correction are as follows:	signed an	
	Imilais M. Wong		
	IMILSIS M. WONG MARTHA M. BELLO		<del></del>
Dated:	02.25.09 AM.		
	Signature of a member or authorized representative of a member  TMILSIS M. WONG	99 MAR SECRET	
	Typed or printed name of signee	-5 ARY 188E	-
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	AM 8: I OF STA E FLOR	