

FAX AUDIT NO.: H09000039323 3

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Florida Department of State  
Division of Corporations  
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L. SELLERS

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Division of Corporations  
Fax Number : (850) 617-6383

com:

Account Name : MICHAEL J. FREEMAN, P.A.  
Account Number : 072720000142  
Phone : (305) 442-1567  
Fax Number : (305) 442-1227

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## FLORIDA VIEW LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDA VIEW 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:

MICHAEL J. FREEMAN, ESQ.

(Name of Person)

MICHAEL J. FREEMAN, P.A.

(Firm/Company)

153 SEVILLA AVENUE

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL J. FREEMAN, ESQ.

(Name of Person)

at ( 305 ) 442-1567

(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

CR2E062 (08/05)

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**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:  
FLORIDA VIEW 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 NAME OF THE FIRST MGRM LISTED WAS MISPELLED.

HER CORRECT NAME IS EDDI-ANN R. FREEMAN

**OR**

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

Dated: FEBRUARY 18, 2009

  
Signature of a member or authorized representative of a member

MICHAEL J. FREEMAN, ESQ.

Typed or printed name of signee

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

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