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S. HAWKES

APR 2 4 2009

EXAMINER



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TO:	Registration Section
	Division of Corporations

SUBJECT:	Tucson		<u> </u>	
		<u>.</u> .	<i>.</i>	

(Name of Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

(Name of Person) UCSON LLC (Firm/Company) nnad 065 (Address) Nester (City/State and Zip Code)

For further information concerning this matter, please call:

ran K V (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

Enclosed is a check for the following amount:

\$25 Filing Fee

So Filing Fee & Certificate of Status

Certified Copy

☐ \$60 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

CR2E062 (08/05)

ARTICLES OF ORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY						
	<u>ess davs</u>	ction 608.4115, F.S., this document is being submitted within the required 30 to correct the <u>attached</u> articles of organization or application to transact bo siness	;			
<u>FIRS</u>	<u>r</u> :	The name of the limited liability company is: TUCSON	1.			
<u>SECC</u>		The articles of organization or the application to transact business				
₽	incorrec 1 n Ca and Corr	ns an incorrect statement. The incorrect statement, the reason the statement is or rect Statement are as follows: <u>or rect Statements: Denise Overton Managing Mer</u> <u>business address 27616 Sora Blud Wesley Chapel, fl</u> <u>rect Statement: Managing Momber Robert Heath</u> R <u>mess address 30605 Annadale Dr Wesley Chapel, fl</u> se correct managing member name and business addre	.उउउपप १९८०५			
		efectively signed. The manner in which the document was defectively signed and propriate correction are as follows:				
Dated	:	3-31 Signature of a member or authorized representative of a member Robert Heath McCong Typed or printed name of signee Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)				

CR2E062 (08/05)

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