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SECRETARY OF STATE JALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Green Lion Publis	hing, LLC		
(Name of Limited Liability Con	mpany		
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	g:		
Tina Young (Name of Person)	_		
(Firm/Company)	-		
505 E. Jackson ST #	30 / -		
505 E. Jackson St #3 (Address) Tampa Pl 33602 (City/State and Zip Code)	the state of the s		
(City/State and Zip Code)	-		
For further information concerning this matter, please call:			
Tima Joung at (813) (Name of Person) at (Area Code &	229-5959 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 \$\Bigcup \$30 Filing Fee & \$\Bigcup \$55 Filing Fee & Certificate of Status \$\Bigcup \$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy		
CR2E062 (08/05)			

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: Green Lion Publishing, LCC
SECO	
(CH	ECK 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:
	Platinum Green Lion Publishing, LLC
	(Name Change)
	OR OR
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
•	·
	· ,
Dated:	4/27/09
Dated:	Det Make
	Signature of a member or authorized representative of a member
	$\mathcal{D}_{\mathcal{A}} = \mathcal{M}_{\mathcal{A}} $
	Typed or printed name of signee
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)