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COVER MESSAGE

Tony Burroughs | Special Filings Specialist Business Special Filing 323.962.8600 x862 | Fax 323.337.0742| tburroughs@legalzoom.comwww.legalzoom.com | 7083 Hollywood Blvd., Suite 180, Los Angeles, CA 90028

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SUBJECT: P.R.O. HOM	IE SERVI	CES LLC	
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Dear Sir or Madam:			
The enclosed Articles of Correct	ion and fee(s) a	re submitted for tiling.	
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Tony Burroughs		7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	_
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7083 Hollywood Blvd.,	Suite 180		_
l Al CA 0000			
Los Angeles, CA 9002 (City/State	and Zip Code)		-
For further information concerning this matter, please call:			
Tony Burroughs		w (323	√962-8600 x 341
(Name of Person)	(Area Code &	962-8600 x 341 Daytime Telephone Number)
STREET/COUNIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	s:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
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ARTICLES OF CORRECTION FOR

SECRETARY OF STATE TALLAHASSEE. FLORIDA

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.

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FIRST P.R.O.	The name of the limited liability company is: L0900062627					
SECO	ND: The articles of organization or the application to transact business					
(CH	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT					
7	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Article V.					
	The member name STEPHEN D BOWSE is incorrect.					
	The member name shall read as follows: STEPHEN D BOWSER					
	Manufacture in the control of the co					
	<u>OR</u>					
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:					
Dated:	July 11 , 2009 .					
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	Signature of a member or authorized representative of a member					
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