

L090000075103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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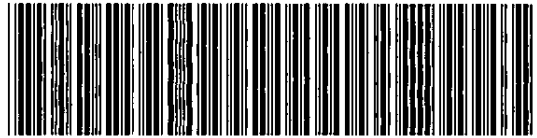
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SEP - 2 2009

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 AUG 31 PM 12:47

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FULL-SCALE DISTRIBUTORS, 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:

STEPHANIE M CASTELLANOS

Name of Person

FULL-SCALE DISTRIBUTORS, LLC

Firm/Company

500 NE 29TH STREET #908

Address

MIAMI, FL 33137

City/State and Zip Code

INFO@FULL-SCALEDISTRIBUTORS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHANIE CASTELLANOS

Name of Person

at (786)

395-0521

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:
FULL-SCALE DISTRIBUTORS, 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:

Current Address: 9775 SW 132 CT Miami, FL 33186

New Address: 2001 Biscayne Blvd #117-399 Miami, FL 33137

OR



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

Dated: AUGUST 26, 2009.



Signature of a member or authorized representative of a member

STEPHANIE CASTELLANOS

Typed or printed name of signee

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

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TALLAHASSEE, FLORIDA