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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

STEPHANIE CASTELLANOS at (786) 395-0521
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

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)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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)**

CR2E062 (08/05)