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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXPANDING UNIVERSE, 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:

JOHN CHRISTENSEN
Name of Person

Firm/Company

931 BUTTER OAKS COURT
Address

WINTER GARDEN, FL 34787
City/State and Zip Code

chriscart1@embargo.mail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John CHRISTENSEN at (407) 928-6343
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

**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 ^{current} name of the limited liability company is: EXPANDING UNIVERSE, 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:
INCORRECT TITLE: Expanding UNIVERSE, LLC.
-- The word "Films" inadvertently omitted --

↓
CORRECT TITLE: EXPANDING UNIVERSE FILMS, LLC.

OR

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

Dated: 10/12/09

John Christensen
Signature of a member or authorized representative of a member

JOHN CHRISTENSEN

Typed or printed name of signee

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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