

LD9000109937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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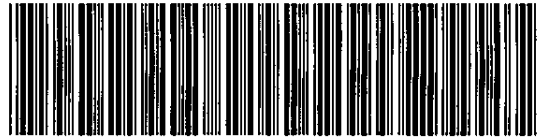
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EXAMINER

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09 NOV 25 AM 8:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AJ's First Class Limousine, 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:

Steve Barile

Name of Person

Scott F Nelson CPA

Firm/Company

4890 W Kennedy Blvd #240

Address

Tampa, FL 33609

City/State and Zip Code

SFNelsoncpa@Cypressmail.com

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

For further information concerning this matter, please call:

Steve Barile

Name of Person

813

Area Code & Daytime Telephone Number

286-7946

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 name of the limited liability company is:
AJ's First Class Limousine, 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:
The name is incorrect and should be

AJ's 1st Class Limousine, LLC

Article IV the name of the Registered Agent Should be

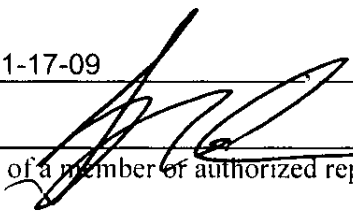
Scott F Nelson - ADDRESS ZIP CODE 5B 33578

OR



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

Dated: 11-17-09


Signature of a member or authorized representative of a member

Scott F Nelson

Typed or printed name of signee

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

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TALLAHASSEE FLORIDA