L0900113100

| | . M |
|----------------------------------|------------------------|
| (Requesto | or's Name) |
| (Address) | |
| (Address) | |
| (City/State | e/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Business | Entity Name) |
| (Documen | nt Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to Filing (| Officer: |

L. SELLERS

DEC 2 9 2009

EXAMINER

Office Use Only



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12/04/09--01009--003 **25.00

OP DEC 28 AM 8: 25



COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Whole Side Conciens | C |
| Name of Limited Liability Co | |
| 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 | ng: |
| Fearly Zinnennana Name of Person | _ |
| Chole Sale Concresse Firm/Company | _ |
| 1961 Nn 33-2 5L Address | - |
| Ty Low de-dale TC 33. City/State and Zip Code | <u>7</u> 0 S |
| E-mail address: (to be used for future annual report notification) | 0.0m |
| For further information concerning this matter, please call: The Longe of Person at (959) Area Co | <u>, 964-1212</u> |
| Name of Person Area Co | ode & 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 & \$55 Filing Fee & | \$60 Filing Fee, |
| \$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & Certificate of Status Certified Copy Sent - please see Lotten | Certificate of Status & Certified Copy |
| CR2E062 (08/05) | |

Hello.

I am submitting 2 changes to my original filing,

1. Name change

From: Wholesale Paradise llc

TO: Wholesale Concierge llc

2. The original start date was written to be Dec 1, 2009. This was a mistake.

I meant to put Jan 1,2010 as the inception date.

Thank you!

Frank Zimmermann 954-464-1212



December 10, 2009

FRANK SIMMERMANN 1961 NW 33RD STREET FORT LAUDERDALE, FL 33309

SUBJECT: WHOLESALE PARADISE LLC

Ref. Number: L09000113100

We have received your document for WHOLESALE PARADISE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed Articles of Correction need to be completed to correct the information in the Articles of Organization.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 709A00037740

Division of Compositions D.O. DOV 6207 Mallahama Divida 2021

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

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.

| FIRS | <u>T</u> : The name of the limited liability company is: WAS: Wholesale Panadise NEW OR NAMENOW: Wholesale Co | oncien | <u>:</u> 50 |
|------------|---|--------------|-------------|
| SECO | ND: The articles of organization or the application to transact business | | |
| <u>(Cl</u> | HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEME | <u>NT</u> | |
| \ ') | Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: NAME CHANSE FROM Wholesale PARadise to wholesale Co | | c |
| 2) | INCORPORATION PATE is WRONG. WAS: Dec 1,2009 Supposed to Be 3 JAN 1, 2010 | | |
| | Supposed to Be 3 JAN 1, 2010 | | |
| | Was defectively signed. The manner in which the document was defectively signed the appropriate correction are as follows: | and | |
| Dated: | Signature of a member or authorized representative of a member | | |
| | Typed or printed name of signee Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) | 09 DEC 28 AM | |

CR2E062 (08/05)