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SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 JAN 25 PM 12:18

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COMPLETION APARTMENT CARE, 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:

GUADALUPE PORTILLA  
Name of Person

COMPLETION APARMENT CARE, LLC  
Firm/Company

5622 N. PALAFOX ST.  
Address

PENSACOLA, FLORIDA. 32507  
City/State and Zip Code

cac-lp@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guadalupe Portilla at ( 850 ) 390 6105  
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 name of the limited liability company is:  
COMPLETION APARTMENT CARE, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

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Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

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**OR**

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


COMPLETE APARTMENT CARE, LLC

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Dated: JANUARY 20, 2010



Signature of a member or authorized representative of a member

GUADALUPE PORTILLA

Typed or printed name of signee

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

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L10000005996  
FILED 8:00 AM  
January 19, 2010  
Sec. Of State  
ncausseaux

**Article I**

The name of the Limited Liability Company is:  
ARTIST'S AGENCY ALLIANCE GROUP, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
803 SHALLOW BROOK AVE  
WINTER SPRINGS, FL. US 32708

The mailing address of the Limited Liability Company is:  
803 SHALLOW BROOK AVE  
WINTER SPRINGS, FL. US 32708

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
RICHARD A BARBER  
803 SHALLOW BROOK AVE  
WINTER SPRINGS, FL. 32708

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: RICHARD A. BARBER

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
RICHARD A BARBER  
803 SHALLOW BROOK AVE  
WINTER SPRINGS, FL. 32708

Title: MGR  
AKADRIANNA ANJOLINNI  
5114 BALCONES WOODS DR. STE 307-298  
AUSTIN, TX. 78759

L10000005996  
FILED 8:00 AM  
January 19, 2010  
Sec. Of State  
ncausseaux

### **Article VI**

The effective date for this Limited Liability Company shall be:

01/18/2010

Signature of member or an authorized representative of a member

Signature: RICHARD A. BARBER