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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

MAY 05 2010

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BizbyGov, 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:

Joe Glennon

Name of Person

Firm/Company

P.O. Box 1735

Address

Oldsmar, FL 34677

City/State and Zip Code

gsizemore@countryssidereps.com

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

For further information concerning this matter, please call:

Gary Sizemore

Name of Person

at ( 813 )

343-7017

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:  
Bizbygov, 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 of the limited liability company should be spelled Bizbuygov, LLC

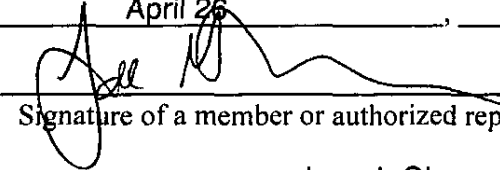
not as Bizbygov, LLC.

**OR**



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

Dated: April 26, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Joseph Glennon

\_\_\_\_\_  
Typed or printed name of signee

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

FILED  
10 MAY -4 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA