

L10000068692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

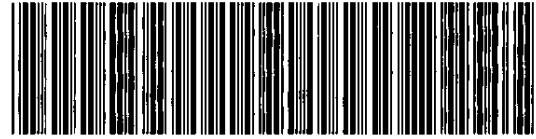
(Business Entity Name)

(Document Number)

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FILED
10 JUN 30 PM 12:17
TAMPA, FLORIDA

S. HAWKES

JUL 1 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PCM VISION 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:

SATYA MANTENA

Name of Person

PCM VISION LLC

Firm/Company

4109 LAND O LAKES BLVD

Address

LAND O LAKES / FL 34639

City/State and Zip Code

301SUN@GMAIL.COM

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

For further information concerning this matter, please call:

SATYA MANTENA

Name of Person

at (813)

888-8885

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.

FILED
JUN 30 PM 12:17
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

FIRST: The name of the limited liability company is:
PCM VISION LLC

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

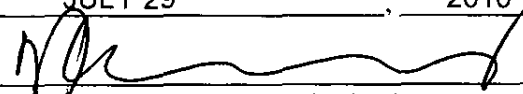
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
CHANGE EFFECTIVE START DATE FROM JULY 28 2010 (07/28/2010) TO
JUNE 28 2010 (06/28/2010), IF THATS NOT POSSIBLE PLEASE USE THE
DAY THE REQUEST IS RECIEVED AS EFFECTIVE START DATE (E.G. JUIY
01 2010 (07/01/2010)

OR

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

Dated: JULY 29 , 2010 .



Signature of a member or authorized representative of a member

SATYA MANTENA

Typed or printed name of signee

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