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EXAMINER



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SECRETARY OF STATE

COVER LETTER

	egistration Section ivision of Corporations				
SUBJECT	:REPU	BLIC RIFLE	, LLC		
Name of Limited Liability Company					
Dear Sir or	Madam:				
The enclos	ed Articles of Correction and fee(s) are su	ibmitted for filing	j.		
Please retu	rn all correspondence concerning this mat	ter to the followir	ng:		
	PHILIP K. CLARKE				
	Name of Person		_		
	KASS, SHULER ET AL Firm/Company		_		
	P.O. BOX 800		_		
	Address				
	TAMPA, FL 33601		_		
	City/State and Zip Code				
E-ma	PCLARKE@KASSLAW.CC il address: (to be used for future annual re	port notification)	_		
For further	information concerning this matter, pleas	e call:			
	PHILIP K. CLARKE	at (813) 229-0900 X1305		
	Name of Person	Area Co	ode & Daytime Telephone Number		
Registration Division of Clifton Bui 2661 Execu	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is	a check for the following amount:				
✓ \$25 Filir		\$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 <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.

FIRST	<u>Γ</u> :	The name of the limited liability comp	pany is: RIFLE, LLC		-	
<u>SECO</u>	<u>ND</u> :	The articles of organization or the app	lication to transact business			
<u>(CF</u>	IECK 1	THE APPROPRIATE BOX AND COMP	LETE THE APPLICABLE S	STATEMENT		
√	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Company addresses incorrectly identified. Company's Principal Address is					
	3225	Bennett Street, N. St. Petersburg, F	FL 33713 and its Mailing	Address is		
	P.O. I	Box 669 Safety Harbor, FL 34695				
	<u>OR</u>					
		efectively signed. The manner in which propriate correction are as follows:	the document was defective	ely signed and		
Dated:		July 8	2010 VIII			
	Signature of a member or authorized representative of a member					
	Philip K. Clarke					
	Typed or printed name of signee			. 12 TAR) ASS		
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	PH 12:		
<u>ሮ</u> ወ ኃ ፎ በ 6 3	(08/05)			2 2 ←		