

L10000699582

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE DELSON GROUP LLL  
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:

NEIL HOLTZHAUSEN  
Name of Person

HOLTZ HEALTHCARE CORP  
Firm/Company

1251 SOUTH FEDERAL HIGHWAY # 113  
Address

BOCA RATON, FL. 33432  
City/State and Zip Code

HOLTZ HEALTHCARE @ CONSULTANT.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NEIL HOLTZHAUSEN at (954) 798 2023  
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

CR2E062 (08/05)

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**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: THE DELSEN GROUP LLC

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

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

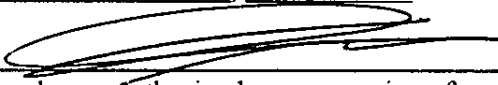
☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

THE NAME OF THE COMPANY SHOULD BE  
THE DELSEN GROUP LLC  
NOT THE DELSEND GROUP LLC - PLEASE REMOVE THE "D"

**OR**

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

Dated: WEDNESDAY 29<sup>th</sup> SEPT 2010

  
Signature of a member or authorized representative of a member

NEEL HOLZHAUSEN

Typed or printed name of signee

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

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