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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	ly



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2010 DEC -7 PM RE: 10

C. LEWIS

DEC 8 2010

EXAMINER

COVER LETTER

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/3 %	TO: ** Registration Section Division of Corporations		
	SUBJECT: Replity DSSOCIY	otes Travel LLC	
	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:		
	Koren Toylor Name of Person	-	
	Replity Travel and As	sociates LLC	
	27221 State Rd 56 S	wite 144	
	Wesley Chapel # 33544		
	E-mail address: (to be used for future annual report notification)		
	For further information concerning this matter, please call:		
	KARen Taylık at (813 Name of Person) Area Co	de & 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 \$\ \text{Certificate of Status}\$ \$55 Filing Fee & \text{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.

in Flori	L10000 11358
FIRST:	The name of the limited liability company is: Replify & SSYINTE
<u>SECON</u>	1
(CH)	ECK 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:
•	Please change the name to
	Replity Trappel & ASSOCIATES LLC
	Thanks
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
Dated:	Signature of a member or authorized representative of a member Narma Tendor Signature of a member or authorized representative of a member Typed or printed name of signee
	Filing Fee: \$25.00 Certified Conv. \$30.00 (ontional)

Electronic Articles of Organization For Florida Limited Liability Company

L10000113584 FILED 8:00 AM November 01, 2010 Sec. Of State

Article I

The name of the Limited Liability Company is: REALITY & ASSOCIATES TRAVEL LLC

Article II

The street address of the principal office of the Limited Liability Company is:

27221 STATE ROAD 56 SUITE 144 WESLEY CHAPEL, FL. 33544

The mailing address of the Limited Liability Company is:

27221 STATE ROAD 56 SUITE 144 WESLEY CHAPEL, FL. 33544

Article III

The purpose for which this Limited Liability Company is organized is: FOR TRAVEL

Article IV

The name and Florida street address of the registered agent is:

AGENTS AND CORPORATION INC 300 FIFTH AVE SOUTH SUITE 101-330 NAPLES, FL. 34102

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: MR WILLIAMS

Article V

The name and address of managing members/managers are:

Title: MGRM KAREN TAYLOR FISHER 27221 STATE ROAD 56 SUITE 144 WESLEY CHAPEL, FL. 33544

Title: MGR JASPER FISHER 27221 STATE ROAD 56 SUITE 144 WESLEY CHAPEL, FL. 33544

Title: MGR EDWARD TAYLOR 27221 STATE ROAD 56 SUITE 144 WESLEY CHAPEL, FL. 33544

Signature of member or an authorized representative of a member Signature: KAREN TAYLOR FISHER

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