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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

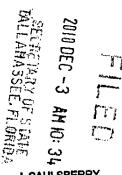
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12/03/10--01008--002 \*\*25.00

Effective Date /2-/-/



J. SAULSBERRY EXAMINER

DEC \$ 2010

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: 5192H7	V			
Name of Limited Liability Co	ompany			
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	ng:			
Delora Hendry Name of Person	_			
Gig247 LI \$000	Ø 12Ø9Ø	7		
3007 Nela Live				
Orlando, FL 328 City/State and Zip Code	09	#C!	2010 [	
Gelorahendry @ oarth!, nk. Net E-mail address: (to be used for future annual report notification)	_	HASSEE, F	10 DEC -3 AH	
For further information concerning this matter, please call:    Delora Hendry at (40)   Name of Person Area Co	UQI~035 ode & Daytime Telephone Number	STATE OF TOPION OF THE PROPERTY OF THE PROPERT	AH 10: 34	3M · Mau-va e e · va-u⊥s
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 \$25 Filing Fee & Certificate of Status Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Cony			

## 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	T: The name of the limited liability company is:	7 4	1C	
<u>SECO</u>				
<u>(CH</u>	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	<u> </u>	<u>INT</u>	
X	Contains an incorrect statement. The incorrect statement, the reason the statement, and the corrected statement are as follows:	itement is	S	
	Please make effective date instead of 1/1/11	12/	1/10	)
	OR  Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	y signed	and an 20	
		CALETAI	- 330 B	T
		NY OF S	<del>Ω</del> !	
		HATE HATE	ည်း '	American A
Dated:	Signature of a member or authorized representative of a member  Debra Hendry  Typed or printed name of signee	, B		
	Filing Fee: \$25.00			

Certified Copy:

\$30.00 (optional)