

L10000122473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**L. SELLERS**  
DEC 21 2010  
**EXAMINER**

Office Use Only



400188707624

12/16/10--01003--019 \*\*30.00

**FILED**  
10 DEC 17 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alladin Holdings, 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:

Jane I. Kaminski

Name of Person

Firm/Company

2050 Portland Avenue

Address

Wellington, FL 33414

City/State and Zip Code

hope@barronandkogancpas.com

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

For further information concerning this matter, please call:

Hope Barron, CPA

Name of Person

at ( 561 )

795-4448

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)

**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: Aladdin Holdings, LLC

**SECOND:** The articles of organization or the application to transact business *(The name was misspelled on the original filing.)*

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)** *(No other changes.)*

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

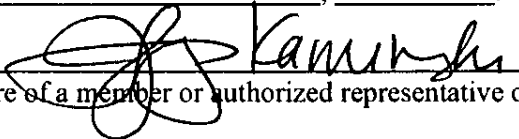
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: November 30, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Jane I Kaminski

\_\_\_\_\_  
Typed or printed name of signee

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

**FILED**  
10 DEC 17 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA