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J. SAULSBERRY EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CAPITAL RELATIONS LAV	W GROUP LLC
Name of Limited Liability Co	ompany
Dear Sir or Madam:	
The enclosed Articles of Correction and fee(s) are submitted for filing	3 .
Please return all correspondence concerning this matter to the following	ng:
Stephen Millan Name of Person	_
Firm/Company	
7520 s red rd Suite J	And Andrews
South Miami, FL 33143 City/State and Zip Code	EE FLOA
davidalvarez123@aol.com	- The state state of the state
Enclosed has eneall for the following principles	
For further information concerning this matter, please call: Solution	
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 & \$55 Filing Fee & Certificate of Status 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	: The name of the limited liability cor	npany is: IS LAW GROUP LL	С		
SECO (CH	ND: The articles of organization or the ap	•			
√	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Name was spelled incorrectly. Should read as follows:				
	CAPITOL RELATIONS LAW GROUP L	LC ·	pard.		
			SEL.		
			HM A		
	<u>OR</u>		S PH 3		
	Was defectively signed. The manner in which the document was defectively signed the appropriate correction are as follows:				
Dated:	January 5	2011			
Dates.	- Carracity C	·, <u>2011</u> .			
Signature of a member or authorized representative of a member					
	Stephen Millan Typed or printed name of signee				
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			