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	(Requestor's Name)
	(Address)
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J. SAULSBERRY EXAMINER JAN 25 2011

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lil' Gabriel's Flavore	d Ice, LLC
Name of Limited Liability (Company
Dear Sir or Madam:	
The enclosed Articles of Correction and fee(s) are submitted for filing	ng.
Please return all correspondence concerning this matter to the follow	ring:
Edward Stahlin	.~~
Name of Person	, Market
Nume of Ferson	about o
Direct Incorporation	ZOII JAN 24 TALLIAN ASS
Firm/Company	JAN JAN
123 N. Ashley St., Ste. 123	N24 P
Address	ma P
	PH 1:37
Ann Arbor, MI 48104	
City/State and Zip Code	
documents@directincorporation.com E-mail address: (to be used for future annual report notification	n)
For further information concerning this matter, please call:	
Client Services at (877	281-6496
	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 & \$55 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	T: The name of the limited liability company is: Lil' Gabriel's Flavored Ice, LLC		
SECO!	<u>OND</u> : The articles of organization or the application to transact business		
<u>(CH</u>	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STA	<u>TEMEN</u>	<u>1T</u>
√	Contains an incorrect statement. The incorrect statement, the reason the state incorrect, and the corrected statement are as follows: Article V: The name and address of managing members/managers are		
	should be corrected to include only one Manager. Please correct as for	ollows:	
	The name and address of managing members/managers are:		
	Group Ei8ht, LLC 10263 Whispering Forest Dr., #909, Jacksonville, FL	. 32257	<u>' US</u>
	<u>OR</u>		
	Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	signed a	and
		N 2	
	ក្សា ស្លាស់	PH	TT -
	Discourse de la constant de la const	16.37	
Dated:	i:		
	Signature of a member or authorized representative of a member		
	Edward Stahlin		
	Typed or printed name of signee		
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		