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SECHELARY OF STATE
ALLAHASSEF, FINBIRA

B. BOSTICK
FEB - 2 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: The Rim Prote	ctor, LLC
Name of Limited Liabili	ity 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 fol	llowing:
Nelson Lopez	
Name of Person	<del></del>
The Rim Protector, LLC	<u></u>
Firm/Company	TAL:
10704 Wildlife Pl.	LAHASSON 3
Address	ASS 3
Orlando, FL 32825	me ≥ m
City/State and Zip Code	AM II: 57  OF STATE  OF LORID
lopez.nelson72@yahoo.com E-mail address: (to be used for future annual report notifica	AMII: 57  OF STATE E. FLORIDA
	•
For further information concerning this matter, please call:	
	·
Nelson Lopez at ( 40	
Name of Person A	rea 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 \$\sum \text{Status}\$ \$55 Filing Fee \$\text{Certified Co}\$	

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 company is:  The Rim Protector, LLC.			
<u>SECO</u>	<del></del>			
<u>(CH</u>	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE S	<u> TATE</u>	MEN	<u>T</u>
<b>√</b>	Contains an incorrect statement. The incorrect statement, the reason the statement, and the corrected statement are as follows:  The name of the LLC was supposed to be Blingg Enterprises, LLC			
	The Rim Protector, LLC.	_		
	·		,	
	<u>OR</u>	SE( TALL	=	
	Was defectively signed. The manner in which the document was defective the appropriate correction are as follows:	l <b>y-sig</b> i MASSE	ned al	nd
			<u> </u>	- Tales
		ORIDA	1:57	Th u said
Dated:				
	M/h G	<u>.</u>		
	Signature of a member or authorized representative of a member			
	Nelson Lopez	_		
	Typed or printed name of signee			
	Filing Ree: \$25.00			

Certified Copy:

\$30.00 (optional)