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K. SALLY  
EXAMINER  
FEB 4 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WOMACK LOGISTICS 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:

Michael Womack

Name of Person

WOMACK LOGISTICS LLC

Firm/Company

809 Evangeline Avenue STE A

Address

Orlando FL, 32809

City/State and Zip Code

roltyd@cfl.rr.com

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

For further information concerning this matter, please call:

Michael D. Womack

Name of Person

at ( 407 )

857-6715

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

**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:  
   **WOMACK LOGISTICS, LLC**

**SECOND:**      The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



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

Incorrect - Article V - Managing Member - Michael Womack

Correct - Article V - Manager - Michael Womack

Correct - Article V - Managing Member - James H Womack Sr

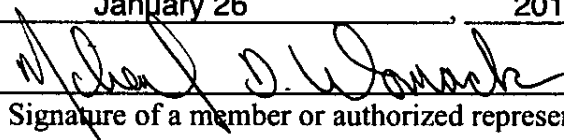
**OR**



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

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

Dated: January 26, 2011

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

Michael D. Womack

Typed or printed name of signee

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

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