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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4509-4511 19th ST SW, 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:

ETTA KOHL

Name of Person

USA BUSINESS SERVICES, INC.

Firm/Company

1422 SE 8TH AVE

Address

CAPE CORAL, FL 33990

City/State and Zip Code

EKOHL@USABIZ.BIZ

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

For further information concerning this matter, please call:

ETTA KOHL

Name of Person

at (239) 214-0282

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:
4509-4511 19th ST SW, 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:

1. THE NAME OF THE MGRM IS INCORRECTLY SPELLED. IT WAS

SPELLED AS JAMES R HADRAVE AND IT SHOULD BE JAMES R HADRAVA

2. THE NAME OF THE MGR IS INCORRECTLY SPELLED. IT WAS

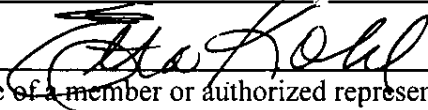
SPELLED MARY C HADRAVE AND IT SHOULD BE MARY C HADRAVA

OR



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

Dated: MARCH 23, 2011


Signature of a member or authorized representative of a member

ETTA KOHL

Typed or printed name of signee

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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