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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NAAKA Group  
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:

Angelica Keeton-Ashworth  
Name of Person

NAAKA Group  
Firm/Company

2989 Simpson Dr  
Address

Bartow, Fl. 33830  
City/State and Zip Code

edk9@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelica Keeton-Ashworth at ( 863 ) 714 715-7444  
Name of Person 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

CR2E062 (08/05)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**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:

MAAKA GROUP

**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:

The Name should say: MAAKA GROUP.

The "N" is an error.

**OR**



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

Dated: May 6, 2011

Angelina Keeton - Ashworth

Signature of a member or authorized representative of a member

Angelina Keeton - Ashworth

Typed or printed name of signee

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

2011 MAY 10 PM 12:46  
CLERK OF CIRCUIT COURT  
TALLAHASSEE FL 32301

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