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B. BOSTICK
MAY - 4 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sendel Labs LLC	
Name of Limited Liability C	ompany
Dear Sir or Madam:	
The enclosed Articles of Correction and fee(s) are submitted for filing	g.
Please return all correspondence concerning this matter to the following	ing:
Robert De Liva Name of Person	_
Sendel Labs LLC Firm/Company	
6543 NW 105# Terrare Address	11 APR 2 SECOL MAS
Parhland, FZ 33076 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	8: 50 STATE LORIDA
For further information concerning this matter, please call:	
Robert De Lina at (Scot Name of Person Area C	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 See Sertificate of Status S55 Filing Fee & Certified Copy	\$60 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 within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

Cont	The articles of organization or the application to transact business THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST				
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incor		ATEM	<u>ENT</u>		
	tains an incorrect statement. The incorrect statement, the reason the statement, and the corrected statement are as follows: 19 Stered Agent Name & Manager/Member D 20 Charles Bobert De Lina, 6543 NW 105th Terrace	xetail_	Sho		
<u>, (</u>	Tather than "De Liva Consultants Group." The	eusc	ماند ماند	because	40 . l
	Corporations name.				
	April 26 Signature of a member or authorized representative of a member LOSERT DE LIMA	SEUR TALLAHASSEE, PLORIDA	11 AFR 29 AM 8: 50	Transported of the Control of the Co	
	Typed or printed name of signee Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)				

CR2E062 (08/05)