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| | (Requestor's Name) | |
|----------------------|-----------------------|----------------|
| | | |
| | (Address) | |
| | (Address) | |
| | (City/State/Zip/Phone | ¥) |
| PICK-UF | P WAIT | MAIL |
| | (Business Entity Name |) |
| | (Document Number) | |
| Certified Copies | Certificates o | of Status |
| Special Instructions | to Filing Officer: | |
| L | SELLED | |

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EXAMINER



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SECRETARY OF STATE

1 MAY 23 PM 4: 32

COVER LETTER

| • | TO: | Registration Division of | Section Corporations | | | | | | |
|--|--------------------|-----------------------------|--|---|----------------------|---|--|--|--|
| SUBJECT: Three Miller D, LLC | | | | | | | | | |
| Name of Limited Liability Company | | | | | | | | | |
| | <i>p</i> . 0. | | | | | | | | |
| | Dear Sir or Madam: | | | | | | | | |
| The enclosed Articles of Correction and fee(s) are submitted for filing. | | | | | | | | | |
| | Please 1 | return all corr | espondence concerning t | following | : | | | | |
| | | | | | | | | | |
| | | J | anice O Bourgeois | CPA | | | | | |
| Name of Person | | | | | | | | | |
| | | | | | | | | | |
| | | | Janice O Bourged Firm/Company | | | • | | | |
| | | 1 | 615 Poydras St Rr | n 255 | | | | | |
| | • | | | | | | | | |
| | | | | | | | | | |
| | | 1, | lew Orleanas, La 7 | 0112 | | • | | | |
| City/State and Zip Code | | | | | | | | | |
| | <u>.</u> | | | | | | | | |
| Jim_Miller@fmi.com E-mail address: (to be used for future annual report notification) | | | | | | | | | |
| | | | | | | | | | |
| | For fur | ther informat | on concerning this matte | r, please call: | | | | | |
| | | lani | ce O Bourgeois | at (_ | 504 | 582-4900 | | | |
| | | | me of Person | at (| | de & Daytime Telephone Number | | | |
| | | | | | | | | | |
| | | | R ADDRESS: | | | MAILING ADDRESS: | | | |
| | | | | | Registration Section | | | | |
| | | | | Division of Corporations P.O. Box 6327 | | | | | |
| | | Executive Cen | ter Circle | • | | Tallahassee, Florida 32314 | | | |
| | | assee, Florida | | | | | | | |
| Enclosed is a check for the following amount: | | | | | | | | | |
| | \$25 | Filing Fee | \$30 Filing Fee & Certificate of State | | ng Fee & d 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 <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 l | imited liability comp Three Mille | any is: r D, LLC | | | | | | |
|--------------|---|--------------------------------------|-------------------------------|-------------------|-------------|--------------|--|--|--|
| <u>SECON</u> | D : The articles of org | ganization or the app | lication to transact busin | ess | | | | | |
| (CHE | CK THE APPROPRIAT | TE BOX AND COMP | LETE THE APPLICAB | LE ST <u>AT</u> I | <u>emen</u> | <u>1T</u> | | | |
| نک ir | Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Article V incorrectly lists a MGRM as Dorise M Sessum. It should read | | | | | | | | |
| <u> </u> | Sonia M Sessum. Plea | ase correct Article | V for the proper name. | · | | | | | |
| _ | | . 111-27-19 | | | | | | | |
| <u> </u> | <u> </u> | | | | | | | | |
| | Vas defectively signed. ne appropriate correction | | n the document was defe | ctively sig | gned a | and | | | |
| _ | | | | | | | | | |
| _ | | | | | | | | | |
| Dated: _ | May 1 | 9, | | | | | | | |
| | Signature of a p | hember or authorized | representative of a men | TAECR | == K | II Francisco | | | |
| | | David J M | | ETAR) | MAY 23 | | | | |
| | | Typed or printed nar | - | EE.F | | | | | |
| | | Filing Fee: Certified Copy: | \$25.00 \$30.00 (optional) | S TATE L'ORID | PH 4: 32 | O | | | |