

L11000055451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

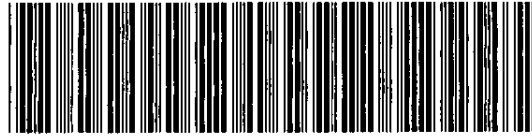
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**L. SELLERS**

MAY 18 2011

**EXAMINER**

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11 MAY 17 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 771291 7832870  
AUTHORIZATION : *Spuddean*  
COST LIMIT : \$ 25.00

ORDER DATE : May 9, 2011  
ORDER TIME : 1:48 PM  
ORDER NO. : 771291-010  
CUSTOMER NO: 7832870

DOMESTIC AMENDMENT FILING

NAME: CMG OF TAMPA, LLC

EFFECTIVE DATE:

XXX\_\_ ARTICLES OF CORRECTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XXX\_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young -- EXT# 2962

EXAMINER'S INITIALS: \_\_\_\_\_

**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: CMG OF TAMPA, 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:  
The managing member was incorrectly listed as

Alexandra N Staats 19135 US Hwy 19 North Apt A30 Clearwater, FL 33764

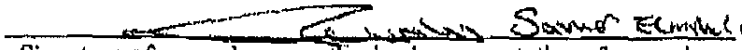
The managing member should be:

Samer Elmahdi 5409 Mountain Farm Court Tampa FL 33624

**OR**

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

Dated: 5-12-11

  
Signature of a member or authorized representative of a member  
Samer Elmahdi, Managing Member

Typed or printed name of signee

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

CR2B062 (08/05)

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