11000059337

(Re	questor's Name)			
(Ad	dress)	···		
(Ad	dress)			
(City/State/Zip/Phone #)				
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B. BOSTICK

JUN - 7 2011

EXAMINER

COVER LETTER

SUBJECT:	Temp Power	LLC	
	Name of Limited Liability (Company	
Dear Sir or Madar	n:		
The enclosed Artic	cles of Correction and fee(s) are submitted for filir	g.	
Please return all co	orrespondence concerning this matter to the follow	ing:	
	Nodirbek Talipov		
	Name of Person		
	Taxpros Accounting, Inc.		
	Firm/Company		
	4604 Andrus Ave		
	Address		
	Orlando, FL 32804 City/State and Zip Code		11 JUH-6
	Chy/state and 21p Code		
F-mail addra	taxpros.fb@gmail.com ss: (to be used for future annual report notification	7 -	
L-man addic	33. (to be used for fathre aimual report nonneation	,	1 2: 31 FLORI
For further information	ation concerning this matter, please call:		30
	, , , , , , , , , , , , , , , , , , ,		
	odirbek Talipov at (407 Name of Person Area	295-2928 Code & Daytime Telephone Number	
STREET/COURI	FR ABDRESS:	MAILING ADDRESS:	
Registration Section	n	Registration Section	
Division of Corpor Clifton Building	ations	Division of Corporations P.O. Box 6327	
2661 Executive Ce	nter Circle	Tallahassee, Florida 32314	
Tallahassee, Florid	a 32301		
Enclosed is a chec	k for the following amount:		
\$25 Filing Fee	\$30 Filing Fee & S55 Filing Fee & Certificate of Status	\$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 <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 limited liability company is: Temp Power LLC	_11000059337				
<u>SECO</u>	ND: The articles of organization or the application to transact business					
<u>(CH</u>	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE S	<u>STATEMENT</u>				
√	Contains an incorrect statement. The incorrect statement, the reason the st incorrect, and the corrected statement are as follows: 1) Please correct principal address for:	atement is				
	1207 Illinois Ave,					
	St. Cloud, FL 34769					
	2) Please add one more Title MGRM: SUSANA CASTILLO					
	OR					
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:					
						
						
		702 T TIME				
	·	7 7				
Dated:	June 1st, 2011					
	per talepor.	30 30				
	Signature of a member or authorized representative of a member					
	Nodirbek Talipov					
	Typed or printed name of signee	_				
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)					