

L110000066586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

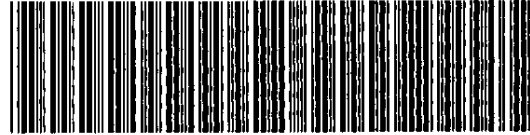
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUN 24 AM 8:15

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J. SAULSBERRY
EXAMINER

JUN 27 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gotham Dream Cars Advisors
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:

Michael Gellert
Name of Person

US Auto Enterprises
Firm/Company

152 NW 16th St.
Address

Boca Raton, FL 33432
City/State and Zip Code

Mikeg315@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Andre Thompson at (561) 674-7821
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

**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:
 Golman Dream Cars Advisors

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 address needs to be changed to:

8130 Glades Road # 360

Boca Raton, FL 33434

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TALLAHASSEE, FLORIDA

FILED

OR



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

Dated: June 16th, 2011



Signature of a member or authorized representative of a member

Michael Gellert

Typed or printed name of signee

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



Department of the Treasury
Internal Revenue Service
Cincinnati, OH 45999

In reply refer to: 0245874819
Jun 07, 2011 LTR 147C
32-0345540

GOTHAM DREAM CARS ADVISORS LLC
MICHAEL GELLERT SOLE MBR
152 NW 16TH ST
BOCA RATON FL 33432

Taxpayer Identification Number: 32-0345540

Form(s):

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Dear Taxpayer:

This letter is in response to your telephone inquiry of June 7th, 2011.

Your Employer Identification Number (EIN) is 32-0345540. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Christian Barwick
17-59505
Customer Service Representative