

L11000068512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

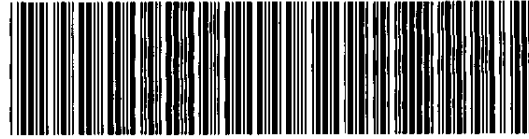
(Business Entity Name)

(Document Number)

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2011 JUL 6 PM 3:17  
TALLAHASSEE, FLORIDA

11 JUL -6 PM 3:17

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B. BOSTICK  
JUL -7 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SPECIALIZED PROFESSIONALS LLC

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:

Caswall Hart

Name of Person

Specialized Professionals LLC

Firm/Company

13899 Biscayne Blvd., Suite 101

Address

Miami, FL 33181

City/State and Zip Code

casziehart@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caswall Hart

Name of Person

at ( 786 )

514-9177

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

CR2E062 (08/05)

FILED  
JUL -6 PM 3:17  
TALLAHASSEE, FLORIDA

**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:  
**SPECIALIZED PROFESSIONALS LLC**

L11000068512

**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:

ARTICLE V has an incorrect street address for Julia Arrendell

The street address is NOT 1935 NE MIAMI GARDENS DR

The correct street address is 1835 NE MIAMI GARDENS DR, SUITE 196

**OR**



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: June 28, 2011.

Caswall Hart

Signature of a member or authorized representative of a member

CASWALL HART

Typed or printed name of signee

**Filing Fee: \$25.00**

**Certified Copy: \$30.00 (optional)**