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Florida Department of State
Division of Corporations
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To: **L. SELLERS**
Division of Corporations
Fax Number : (850) 617-6383
JUN 29 2011

From: **EXAMINER**
Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GANELES AND NORKIN, PLLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ganeles and Norkin, PLLC
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:

M'Linda Draughn
Name of Person

Saul Ewing, LLP
Firm/Company

500 E. Pratt Street
Address

Baltimore, Maryland 21202
City/State and Zip Code

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

For further information concerning this matter, please call:

M'Linda Draughn at (410) 332-8859
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

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R

**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:
Ganeles and Norkin, PLLC

SECOND: The articles of organization or the application to transact business

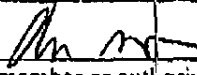
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
The principal office, mailing address and resident agent address currently listed
as 3020 North Military Trail, Suite 200, Boca Raton, FL 33431 is incorrect.
The correct address for the principal office, mailing address & resident agent is:
2365 NW 46th Street, Boca Raton, Florida 33431.

OR

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

Dated: June 28 2011


Signature of a member or authorized representative of a member

Philip M. Bogart, Authorized Representative

Typed or printed name of signee

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