

11000099702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

09/26/11--01015--021 **25.00

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
OCT - 4 2011
EXAMINER

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2011

DREW BOCCHETTI
P.O. BOX 602
ELFERS, FL 34680

SUBJECT: CUDIXS, LLC
Ref. Number: L11000099702

We have received your document for CUDIXS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 011A00022288

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cudixs, 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:

Drew Bocchetti

Name of Person

Cudixs, LLC

Firm/Company

P.O. Box 602

Address

Elfers, FL 34680

City/State and Zip Code

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

For further information concerning this matter, please call:

Drew Bocchetti

Name of Person

at (727)

Area Code & Daytime Telephone Number

534-1481

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)

FLORIDA DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

24 OCT 3 2007

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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:
Cudixs, 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:

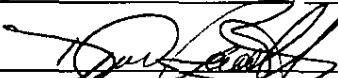
Forgot to add myself as a mgrp. Please add Drew Bocchetti as a MGRM.

Change Elaina Murphy to MBR.

OR

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

Dated: August 30 2011


Signature of a member or authorized representative of a member

Drew Bocchetti

Typed or printed name of signee

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

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