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COVER LETTER

Division o	f Corporations		
SUBJECT:	CHRIS MA	ARVIN LLC	
	Name of Limited Li		
Dear Sir or Madam	:		
The enclosed Articl	es of Correction and fee(s) are submitted	d for filing.	
Please return all con	respondence concerning this matter to th	he following:	
	CHRIS MARVIN		
	Name of Person		
	CHRIS MARVIN		
	Firm/Company		
23	21 SE CHARLESTON DR		
	Address		
P	ORT ST LUCIE, FL 34952		
	City/State and Zip Code		
SPRI E-mail addres	JNGERD@BMHTAXES.COM s: (to be used for future annual report not	itification)	
For further informat	ion concerning this matter, please call:		
DAN	IEL SPRUNGER at (772) 286-7005	
N	ame of Person	Area Code & Daytime Telephone Number	
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter Circle	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		ing Fee & S60 Filing Fee, Certificate of Status & Certified Copy	
CR2E062 (08/05)			

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: CHRIS MARVIN LLC	
SECO (CH		
√	ntains an incorrect statement. The incorrect statement, the reported, and the corrected statement are as follows: tle: MGR GEORGE ALAVERZ INCORRECT SPELL	eason the statement is
	le: MGR GEORGE R ALVAREZ	5
		5 9 5 5
	<u> </u>	
	as defectively signed. The manner in which the document was appropriate correction are as follows:	as defectively signed and
Dated:	9-16-2011	
	Signature of a member or authorized representative of	a member
	Typed or printed name of signee Filing Fee: \$25.00 Certified Copy: \$30.00 (option	ıal)