

L 11000/09234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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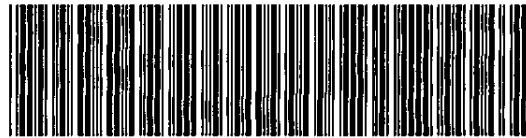
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**A. LUNT**

OCT 13 2011

**EXAMINE**

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2011 OCT 11 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GRG BAU KFT 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:

YVETTE RASHID

Name of Person

UNIVERSAL ACCOUNTING

Firm/Company

2787 E OAKLAND PARK BLVD STE 204

Address

FORT LAUDERDALE, FL 33306

City/State and Zip Code

UNIVERSALACCT@MSN.COM

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

For further information concerning this matter, please call:

YVETTE RASHID

Name of Person

at ( 954 ) 728-8982

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)

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2011 OCT 11 AM 10:22  
SECRETARY OF STATE  
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:  
GRG BAU KFT 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:

CORRECTION ON ARTICLE V. ADD ADDITIONAL MBR (m62m)

LAST NAME: MOLNAR FIRST NAME: LASZLO

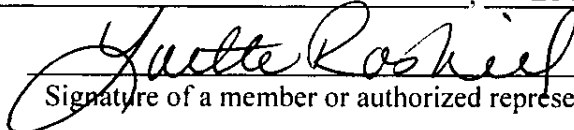
**OR**



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

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

Dated: OCTOBER 4, 2011



Signature of a member or authorized representative of a member

YVETTE RASHID

Typed or printed name of signee

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

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