#L11000113692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

300213488493

FILED
11 OCT 21 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/21/11--01008--018 **25.00

K. SALY
EXAMINER
NOV 23 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAO SOLUTIONS 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:

HECTOR D ABRAHAM
Name of Person

TAX & ACCOUNTING SOLUTIONS
Firm/Company

5448 HOFFNER AVE SUITE 108
Address

ORLANDO, FLORIDA 32812
City/State and Zip Code

HABRAHAM5@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HECTOR D ABRAHAM at (407) 277-8668
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

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 **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:
BAO SOLUTIONS 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:
NAME IS INCORRECT IV & V CORRECT IS THANH BAO

FILED
11 OCT 21 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OR

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

Dated: _____, _____.

Thanh Bao
Signature of a member or authorized representative of a member

Thanh Bao
Typed or printed name of signee

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

CR2E062 (08/05)