

L11000119300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

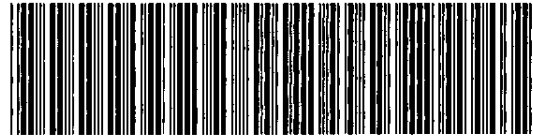
(Business Entity Name)

(Document Number)

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11 OCT 27 AM 11:06  
SHREVEPORT, LOUISIANA  
TALLAHASSEE, FLORIDA

B. BOSTICK  
OCT 28 2011  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MARICH INVESTMENTS, 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:

DAVID W. PHILLIPS  
Name of Person

INTERNATIONAL ADMIN. SERVICES, INC.  
Firm/Company

230 CROWN OAK CENTRE DRIVE  
Address

LONGWOOD, FLORIDA 32750  
City/State and Zip Code

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

For further information concerning this matter, please call:

DAVID W. PHILLIPS at ( 407 ) 332-7754 X101  
Name of Person Area Code & Daytime Telephone Number

11 OCT 27 AM 11:05  
PHILLIPS  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

**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: MARICH INVESTMENTS, LLC L11000119300

**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:  
ART. V MGRM: 3A COMPANY CORPORATION 230 CROWN OAK CENTRE  
DRIVE LONGWOOD, FLORIDA 32750 IS AN INCORRECT NAME. CORRECT  
NAME AND ADDRESS IS : 3A INVESTMENT COMPANY, INC., 230 CROWN  
OAK CENTRE DRIVE LONGWOOD, FLORIDA 32750.

**OR**

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

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

Dated: OCTOBER 20 2011

  
Signature of a member or authorized representative of a member

**DAVID W. PHILLIPS**

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
11 OCT 27 AM 11:06  
**FILED**

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