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COVER LETTER

	ion Section of Corporations						
SUBJECT:	POICIA	NA WINE IMF	PORTS	LLC			
	Name	of Limited Liability	Company				
Dear Sir or Madan	n;						
The enclosed Artic	cles of Correction and fee(s)	are submitted for filing	ıg.				
Please return all ec	orrespondence concerning th	is matter to the follow	ring:				
	Name of Person						
	INCFILE.COM						
	Firm/Company				ಫ ಾ ಕ		
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E-mail addres	ss: (to be used for future ann	ual report notification	1)		12		
For further informa	ation concerning this matter.	please call:					
LOV	ETTE DOBSON	at (713)	562-8895			
	Jame of Person	Area	Code & Dayt	time Telephone Numb	per		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314				
Enclosed is a chec	k for the following amount	::					
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	Cer	Filing Fee, tificate of Status & tified Copy			
CR2F062 (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: POICIANA WINE IMPORTS LLC		
<u>SECO</u>	ND: The articles of organization or the application to transact business		
<u>(CH</u>	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	ATEME	<u>NT</u>
✓	Contains an incorrect statement. The incorrect statement, the reason the statement, and the corrected statement are as follows:	ement is	
	ARTICLE 1	≱ (2.	187
	POINCIANA WINE IMPORTS LLC	CAHA AHA	330
		33SE	-
	<u>OR</u>	F ST	
	Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	/ signed a	
Dated:-	NOVEMBER 29		
	Bustin Thomas	ı	
	Signature of a member or authorized representative of a member		
	DUSTIN THOMAS Typed or printed name of signee		
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		