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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	CT: HENDRIX FAMILY PROPE	RTIES LLC	
	Name of Limited Liability Com	pany	
Dear Si	r or Madam:		
The end	closed Articles of Correction and fee(s) are submitted for filing.		
Please	eturn all correspondence concerning this matter to the following:		
	SHIRLEY HENDRIX		
	Name of Person		
	HENDRIX FAMILY PROPERTIES LLC	A.c.	2012
	Firm/Company		\ 7
	1395 S JENKINS ROAD	\$55 655 10-4	ZOIZ JAN 1:3 PM
	Address		P IT
	FORT PIERCE FL 34947		
	City/State and Zip Code	\$ · · · · · ·	3
E	TAXSHOPPEFLA@AOL.COM mail address: (to be used for future annual report notification)		
For furt	her information concerning this matter, please call:		
	SHIRLEY HENDRIX at (772) Name of Person Area Code	461-5563 & Daytime Telephone Number	
Registra Division Clifton 2661 Ex	tion Section R a of Corporations D Building P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314	,
Enclose	d is a check for the following amount:		
▼ \$25 1	Filing Fee \$\bigcup \text{\$30 Filing Fee & S55 Filing Fee & Certificate of Status}\$\$ Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	
CR2E0	2 (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.

FIRS'	T: The name of the limited liability company is: HENDRIX FAMILIY PROPERTIES LLC			
SECC (CI	<u>OND</u> : The articles of organization or the application to transact business HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	'ATEMEN	<u>T</u>	
√	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:			
	BARNEY HENDRIX WAS LISTED AS A PRINCIPAL IN ERROR	ALL AH	zþız J∤r	
	DELETE BARNEY HENDRIX AS A MBR OF THE ENTITY	SS E	<u> </u>	
	<u>OR</u>	STATE STATE	10 A	
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:			
				
	·			
Dated:	January 10 , 2012.			
	Signature of a member or authorized representative of a member			
Typed or printed name of signee				
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)			