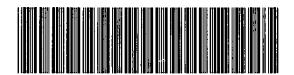
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TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER FEB 1 2012

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: PeakMe, LLC			
Name of Limited Liability Co	ompany		
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	ng:		
Davio D'AMBrosio Name of Person	-		
Peakme of Ferson Firm/Company	_		
Po Box 19/07/ Address		TAL	701
Miami FL 33119 City/State and Zip Code		CRETAR	L JAN Z
E-mail address: (to be used for future annual report notification)		Y OF STATE	) Alt 9: 02
For further information concerning this matter, please call:	<b>,</b>		
Davio OAMBrosio at (36/ Name of Person Area Co	758-2446 ode & 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 & \$55 Filing Fee & Certificate of Status 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: PeakMe, LL	<u>د</u>			
<u>SECO</u>	ND: The articles of organization or the application to transact business				
(CH	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	ATEMENT	2		
X	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:				
	The effective Dorte for the LLC Show have Been January 1 2012.	10			
	nair Dean January 1-2012.				
	<u>OR</u>				
	Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	y signed and	d		
		SEC	225		
		SSAH AVY133			
		OF STATE			
Dated:	1/20/12	9: 02 TATE ORIDA	) )		
	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)				