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| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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EXAMINER



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* COVER LETTER

TO: Registration Section . Division of Corporations Annika Sundell, LLC SUBJECT: 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: Annika Umbers Name of Person Annika Sundell, LLC Firm/Company 2626 Elizabeth Avenue Address Orlando, Florida 32804 City/State and Zip Code annikaumbers@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Annika Umbers Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: **✓** \$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy CR2E062 (08/05)

ARTICLES OF **G**ORRECTION 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 | | mpany is: undell, LLC | |
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| SECO | | • • | |
| <u>(CH</u> | ECK THE APPROPRIATE BOX AND COM | MPLETE THE APPLICABLE STATEMENT | |
| ✓ | ntains an incorrect statement. The incorrect statement, the reason the statement is orrect, and the corrected statement are as follows: ne correct company name should be Annika Umbers, LLC, not Annika Sundell | | |
| | LLC. This was done in error, as I accide | ently used my maiden name. | |
| | | | |
| | | | |
| | <u>OR</u> | | |
| | Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: | | |
| | | | |
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| | | | |
| Dated: | January 5 | _,2012 | |
| | /s/ ANNIKA UMBERS | | |
| Signature of a member or authorized representative of a member | | ed representative of a member | |
| | Annika Umbers Typed or printed name of signee | | |
| | | | |
| | Filing Fee: Certified Copy: | \$25.00 \$30.00 (optional) | |