## #112000002828

(Requestor's Name)
(Address)
(Address)
(City/Chata Tin/Dhana 49)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

ALLAHASSEE EL ORION

EXAMINER SIOS 81 NAL

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Mara & Moshe Froup, LLC		
Name of Limited Liability Company		
Door Sir or Madam.		
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:		
Name of Person		
Unique Multi-Service, LC		
Address		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
at ()		
Name of Person Area Code & 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 \$\sum \text{\$\sum \$30}\$ Filing Fee & \$\sum \text{\$\sum \$55}\$ Filing Fee & \$\sum \text{\$\center}\$ Certificate of Status & \$\sum \text{\$\center}\$ Certified Copy		
CR2E062 (08/05)		

## ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED

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Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 HASSEE, FLORIDA business days to correct the attached articles of organization or application to transact business

FIRST:	The name of the limited liability company is: Marco & Moshe (
SECOND	: The articles of organization or the application to transact business  K THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
	ntains an incorrect statement. The incorrect statement, the reason the statement is orrect, and the corrected statement are as follows:  No me spo of the LLC Should Spell:  Marco & Mashe Gruup, LLC and  Iso the name of the member should  pell Moshe Edry instead of Moshe
	as defectively signed. The manner in which the document was defectively signed and appropriate correction are as follows:
Dated: <u>J</u>	Signature of a member or authorized representative of a member  MARIC ASSOULI  Typed or printed name of signee
	Filing Fee: \$25.00

**Certified Copy:** 

\$30.00 (optional)

in Florida