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COVER LETTER

TO:

Registration Section

Division o	f Corporations		
SUBJECT:	CINDY (COLE FINE HO	MES, LLC
	Name	of Limited Liability Co	ompany
Dear Sir or Madam	:		
The enclosed Artic	es of Correction and fee(s) a	are submitted for filing	
Please return all co	rrespondence concerning thi	s matter to the following	g:
	•		
	SHANNON WIDMA	.N	
	Name of Person		
PC	RATH & ASSOCIATI	ES PA	_
	Firm/Company		
	600 GRAND BL20	1	_
	Address		
	DESTIN, FL 32550)	_
	City/State and Zip Code		
E-mail addres	DRATH.LAW@GMAIL s: (to be used for future anno	COM ual report notification)	_
For further informa	tion concerning this matter,	please call:	
	NNON WIDMAN ame of Person	at (<u>850</u>	6220102 de & Daytime Telephone Number
14	anc of Ferson	Alon Co	de & Dayume Telephone (Vunioe)
STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	n ations ater Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check	k for the following amount	:	
✓ \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & 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 <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: CINDY COLE FINE HOMES, 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 STATEMENT
√	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: CINDY COLE IS NOT A MANAGING MEMBER. THE CORRECT TITLE
	FOR CINDY COLE IS "OWNER"
	FOR CINDY COLE IS "OWNER"
	OR S
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
Dated:	
	Marion Antid
	Signature of a member or authorized representative of a member
	SHANNON L WIDMAN
	Typed or printed name of signee
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)