



L120000039797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

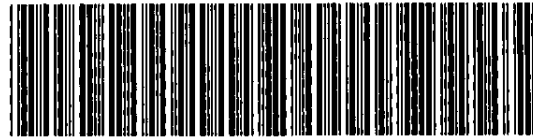
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:
 LAFKEN INVEST LLC

SECOND: The articles of organization or the application to transact business

(CHECK 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:

ONE OF THE MEMBERS NAME NEED TO BE CORRECTED ON THE

MANAGER/MEMBER DETAIL AND ON THE ARTICLES OF ORGANIZATION.

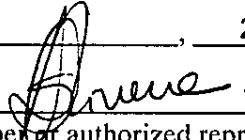
FROM: ARNAN, PAOLA C; TO: ARNAU, PAOLA C

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: **MARCH 23**, **2012**


Signature of a member or authorized representative of a member

CRISTINA RIVERA

Typed or printed name of signee

Filing Fee: \$25.00
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