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## **COVER LETTER**

TO:	Registration Division of	n Section Corporations					
SUBJE	CT:	JW [	Dicks Consultin	ng LLC		_	
		Name o	f Limited Liability Co	empany			
Dear Si	r or Madam:						
The end	closed Article	es of Correction and fee(s) and	e submitted for filing.				
Please 1	return all cor	respondence concerning this	matter to the following	g:			
		Lisa Kepics		_			
		Name of Person		_			
		Dicks & Nanton, P.A	<b>.</b>				
		Firm/Company			$\Xi_{c}$	<b>3</b>	
						SI MNF ACE	
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		Winter Park, FL 3278	39	<u></u>	TT		j jer
		City/State and Zip Code			.0880 .0880	<b>₩</b>	*
		Ikepics@dnagency.co	om		}a-	<b>C</b>	
E	-mail address	s: (to be used for future annu	al report notification)	_			
For fur	ther informat	ion concerning this matter, p	lease call:				
		Lies Konies		215-7737			
		Lisa Kepics ame of Person	at (407 Area Co	ode & Daytime Telephone Num	her	-	
STREE	ET/COURIE	CR ADDRESS:		MAILING ADDRESS:			
Registr	ation Section			Registration Section			
Division of Corporations			Division of Corporations				
Clifton Building 2661 Executive Center Circle			P.O. Box 6327 Tallahassee, Florida 32314				
	ssee, Florida			Talianassee, Florida 52514			
		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	<u>:</u>		
CR2E0	62 (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	<u>[</u> :	The name of the limited liability company is:  JW Dicks Consulting LLC		
<u>SECO</u>	<u>ND</u> :	The articles of organization or the application to transact business		
<u>(CH</u>	IECK T	THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE S	<u> FATEM</u>	ENT
$\checkmark$		ins an incorrect statement. The incorrect statement, the reason the states, and the corrected statement are as follows:	atement	is
	Addre	ess should be 510 Spring Valley Road, Altamonte Springs, FL	32714	
			<u></u>	<del>- 23</del>
			—————————————————————————————————————	£ 3
	<u>OR</u>		ASSEE	<u> </u>
		efectively signed. The manner in which the document was defective propriate correction are as follows:	lyIsigne	d-and දා
			KP-	
D . 1		5/18		
Dated:		w B. Ken	_	
		Signature of a member or authorized representative of a member		
		Lisa Kepics		
		Typed or printed name of signee	-	
		Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		