112000074046

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
· (Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



500235871785

06/11/12--01020--028 **25.00

FILED

12 JUN 11 PM 2: 45

SECRE PART OF STATE

SECRE PART OF STATE

B. BOSTICK
JUN 1 3 2012
EXAMINER

COVER LETTER

TO: Registration Division of	Section Corporations				
SUBJECT: GABL	AND INTERNATIO	NAL LLC		<u>_</u>	
	(Name o	f Limited Liability Co	mpany)		
Dear Sir or Madam:					
The enclosed Articles	s of Correction and fee(s) a	re submitted for filing.			
Please return all corre	espondence concerning this	matter to the following	g:		
PATRICK VIVI	ES				
	(Name of Person)		_		
PATRICK VIVIES					
	(Firm/Company)			ESS 75	٠.
700 E DANIA BE	ACH BLVD STE 202				
	(Address)		_	ASS	ner per
DANIA, FL 3300			_	PM 2: 45	
	(City/State and Zip Code)		_	2: 4 2: 4	
For further information	on concerning this matter,	olease call:		EM O	
PATRICK VIVIES		at (<u>954</u>	929-4475		
(Na	ume of Person)	(Area Code &	Daytime Telephone Number)		
STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Florida	ions er Circle	·	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	\$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> business days to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST GABLAN		The name of the limited liability company is:	L12000074	04 Le				
SECO:	<u>ND</u> :	The articles of organization or the application to transa	act business					
<u>(CH</u>	ECK T	HE APPROPRIATE BOX AND COMPLETE THE API	PLICABLE STATEMENT	<u>r</u>				
V	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: THE ADDRESS OF THE COMPANY WAS INCORRECT; THE CORRECT ADDRESS SHALL BE:							
	1600 SE	E 15 STREET FORT LAUDERDALE, FL 33316						
								
	<u>OR</u>							
		efectively signed. The manner in which the document voropriate correction are as follows:	was defectively signed an	ار الاستار 12				
			ARY U					
			FSIA	CD PM 2: 4				
			BM A	- ö 1				
Dated:	JUNE	05 , 2012 .						
		- Dr	1					
		Signature of a member or authorized representative	of a member					
		PATRICK VIVIES						
		Typed or printed name of signee						
		Filing Fee: \$25.00						

Certified Copy:

\$30.00 (optional)