

L120000773a7

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

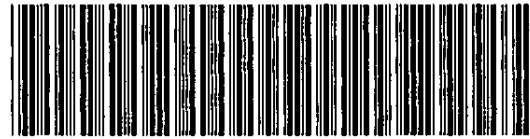
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Samsing LLC  
Name of Limited Liability Company

FILED  
2012 JUN 15 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Pablo Samsing  
Name of Person

Samsing LLC  
Firm/Company

1625 N. Commerce Parkway Suite 207  
Address

Weston FL 33326  
City/State and Zip Code

pablo@mtg-solution.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pablo Samsing at ( 954 ) 288 9242  
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

Suzhiz

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

**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: Samsing 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:

Pablo Samsing should be one of two  
members. I put this online but it didn't  
put it in the articles. Pablo's address  
is 1625 N. Commerce Pkwy Suite 207  
Weston FL 33326

**OR**

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

Dated: 6, 11/2012

[Signature]  
Signature of a member or authorized representative of a member

Pablo Samsing  
Typed or printed name of signee

2012 JUN 15 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)