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12 JUL 10 PM 3: 56

PENALTARY OF STATE

K.SALY EXAMINER JUL 11 2012

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Pasti Paint, UC	
Name of Limited Liability Con	mpany
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	g:
Aléxandro Galinder Name of Person	_
La Vie Events, LLC	_
13022 Sw 120th st	_
Migmi, FL, 33186 City/State and Zip Code	_
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Alejando Galindez at (205 Name of Person Area Co	de & 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
Enclosed is a check for the following amount:	
\$25 Filing Fee \$30 Filing Fee & S55 Filing Fee & Certificate of Status Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

ARTICLES OF CORRECTION FOR FILED 12 JUL 10 PM 3: 56 FLORIDA OR FOREIGN LIMITED LIABILITY COMPANYLLAHASSES, ELORIDA

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.

		
<u>FIRST</u>	: The name of the limited liability company is: Plasti Paint 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: The Effective date is	
	incorrect, because we didn't think we'd be starting this soon. so the correct effective date is: July 2nd, 2012	
•	SO THE CONCENTRATION OF THE CONTENT	
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:	
Dated:	Signature of a member or authorized representative of a member Alejandro Galindez Typed or printed name of signee	
	Filing Fee: \$25.00	

Certified Copy:

\$30.00 (optional)