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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Write Results Publishing Group, LLC

Name of Limited Liability Company

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:

Donovan Alexander Thomas

Name of Person

Firm/Company

P.O. Box 120002

Address

Fort Lauderdale Florida 33312

City/State and Zip Code

writerresultspg@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donovan Thomas

Name of Person

at (954)

818-7896

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

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

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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:
 Write Results Publishing Group, LLC

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

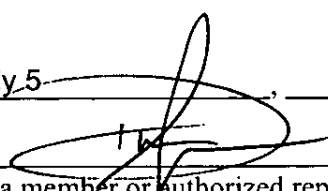
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
The MGR name listed as Alexander, Thomas D. It is in the wrong order.
Correct filing should be (First Name): Donovan (Last Name): Thomas (Middle): A.

OR

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

Dated: July 5, 2012



Signature of a member or authorized representative of a member

Donovan Thomas

Typed or printed name of signee

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

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