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ECRETARY OF STATE

COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: Andino Servistation, LLC	
Name of Limited Liability Cor	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:
Yasmin V. Ismail Name of Person	-
Nations Paralegal Services Firm Company	-
6040 Unity Drive, Suite L	-
Norchoss, GA 30071 City/State and Zip Code	-
/E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Yasmin Ismail at 404 Name of Person Area Coo	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 S30 Filing Fee & S55 Filing Fee & Certificate of Status 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 <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	The name of the limited liability company is: Andino Servistation, 216
SECO!	ND: The articles of organization or the application to transact business
(CH	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
X	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
	The name of the Limited Liability Company is: Andina Servistation, uc
	<u>OR</u>
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
Dated:	7/24/12 , TALLAHAS
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Thyped or printed name of signee
	Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)

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