

L12000093516

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B. BOSTICK

AUG - 2 2012

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CH TEACHERS INSURANCE FOR EDUCATORS 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:

KAMLAWATEE SHIWLOCHAN

Name of Person

CH TEACHERS INSURANCE FOR EDUCATORS LLC

Firm/Company

409 ST. ANDREWS BLVD

Address

WINTER PARK, FLORIDA 32792

City/State and Zip Code

KSHIWLOCHAN@GMAIL.COM

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

For further information concerning this matter, please call:

KAMLA SHIWLOCHAN

Name of Person

at ( 407 )

697-4814

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

CR2E062 (08/05)

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SECRETARY OF STATE  
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:  
CH TEACHERS INSURANCE FOR EDUCATORS LLC

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

L12000093516

**(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:  
CH INSURANCE FOR EDUCATORS LLC

**OR**



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

Dated: JULY 30, 2012

Shwlochen

Signature of a member or authorized representative of a member

KARLA WATEE Shwlochen  
Typed or printed name of signee

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

**FILED**  
12 AUG - 11 AM 11:46  
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TALLAHASSEE, FLORIDA