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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Latitude Flooring 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:

Darlene Link

Name of Person

Latitude Flooring LLC

Firm/Company

1023 Florida Ave. Unit B

Address

Palm Harbor, FL 34683

City/State and Zip Code

latitudeflooring@gmail.com

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

For further information concerning this matter, please call:

Darlene Link

Name of Person

at (727) 386-0408

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

**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:
Latitude Flooring 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 sole owner/member of the company & registered agent should be as follows:

Darlene Link

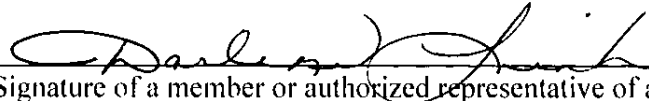
1023 Florida Ave, Unit B Palm Harbor, FL 34683

OR



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

Dated: August 28, 2012


Signature of a member or authorized representative of a member

Darlene Link

Typed or printed name of signer

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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