## 112000107245

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## **COVER LETTER**

TO: Registration Se Division of Cor					
WAT	ERFALLS (	UICKLUB	E		
SUBJECT:		Jame of Limited Liabilit			
Dear Sir or Madam:					
	of Correction and fee(s) a	ra submitted for filing			
		_			
riease return an correspo	ondence concerning this m	latter to the following:			
Milad Shab	00				
	Name of Person				
WATERFA	LL QUICKL	UBE			
	Firm/Company				
1325 Broad	d Street				
	Address				
Central Fal	ls, RI 0286	3			
C	City/State and Zip Code		•		
miladshabo	@aol.com	•	·		
E-mail address: (to	be used for future annual	report notification)		2015 SEC TALEL	
				S DEC CRETA	7
For further information	concerning this matter, ple	ase call:		388	ī
Milad Shab	00	401 S	952-8890	E FE	I
Name	of Person	Area Code	Daytime Telephone Number	TATE ORIO	
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center Of Tallahassee, Florida 323	s Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		٠. `حَ	
Enclosed is a check for	the following amount:				
\$25 Filing Fee	■ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy		

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: WATERFALL QUICKLUBE The Florida Document number of the limited liability company is: L12000107245 **SECOND:** Document to be corrected is: Name of Company THIRD: (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 name of the Company is WATERFALL QUICKLUBE, The letter S was added to name by accident, and does not match the IRS EIN OR П Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR The electronic transmission of the record was defective. Milad Shabo 12/03/2015 Signature of Authorized Representative Date Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Registered Agent's Signature

> Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)