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DIVISION OF CORFERATIONS

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## **COVER LETTER**

TO: Registration Section Division of Corporations KINZER MANAGMENT GROUP, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Statement of Correction and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: REBECCA L. KINZER Name of Person Firm/Company 385 S. ATLANTIC AVENUE Address ORMOND BEACH, FL 32176 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: REBECCA L. KINZER Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, Florida 32301

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CR2E062 (9/15)

Enclosed is a check for the following amount:

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MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

S55 Filing Fee & S60 Filing Fee,
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## 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.

<u>FIRST</u>	: The nai	me of the limited liability company is: KINZER MANAGMENT	SROUP, LLC			
SECO!		The Florida Document number of the limited liability company is:  Document to be corrected is:  Articles of Dissolution	0129610			
	<u>((</u>	CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABL	E STATEMENT			
×	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:					
	The Articles of Dissolution incorrectly state that the occurrence resulting in the company's dissolution was					
	that th	that the company "Merged with Rep 1 Sports Group". No such merger occurred. The correct statement				
	should be "The limited liability company ceased operations". Conformed Articles of Dissolution are attached as Exhibit A.					
	OR Was de as follo	efectively signed. The manner in which the document was defectively signed and ows:	the appropriate correction	are		
	OR		16 NOV 23	ayanag panag G d d ayana da		
	The ele	Signature of Authorized Representative  Date of State of Authorized Representative	21/16			
		w registered agent, if applicable : (NOTE: if correcting the registered agent, the nesignation).	•	ign		
l hereb provisio obligat	y accept ons of all ions of m a change	Agent's Signature, if changing Registered Agent: the appointment as registered agent and agree to act in this capacity. I further ag l statutes relative to the proper and complete performance of my duties, and I am ny position as registered agent as provided for in Chapter 605, F.S. Or, if this doc in the registered office address, I hereby confirm that the limited liability compa	familiar with and accept to cument is being filed to me	rely		
Registered Agent's Signature						
		Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)				