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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GEORGE PARHAM, 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:

GEORGE PARHAM

Name of Person

GEORGE PARHAM, LLC

Firm/Company

8764 SE SANDCASTLE CIR

Address

HOBE SOUND, FL 33455

City/State and Zip Code

georgeparham@gmail.com

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

For further information concerning this matter, please call:

GEORGE PARHAM

Name of Person

at ( 561 ) 262-1242

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)

**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:

*George Parham, 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:

*Article III states: INSTALLING/SERVICING WINDOWS & DOORS, I AM  
REPRESENTING COMPANYS THAT PROVIDE THAT SERVICE,  
I AM A CONSULTANT FOR THE SALES, SERVICE, AND  
TYPE OF PRODUCT THAT MEETS THEIR NEEDS. I OVER-LOOK  
THE INSTALLATION AND SERVICE ACCORDING TO  
**OR** MY COSTUMERS NEEDS*

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

Dated: 12-11-12 2012

  
Signature of a member or authorized representative of a member

**GEORGE L PARHAM**

Typed or printed name of signer

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

**FILED**  
12 DEC 17 PM 4:33  
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TALLAHASSEE, FLORIDA