L12000159215

(Re	equestor's Name)	 					
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL .					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to Filing Officer:							
JAN 1 5 2013 L. SELLERS							
	·						

Office Use Only



300243435403

01/11/13--01010--002 **30.00

ALLANASCE TONE

COVER LETTER

Registration Section **Division of Corporations** ewater 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: James M Overton Name of Person Bluewater Taxi, LLC. Firm/Company 107 Legend Lakes Drive City/State and Zip Code martinoverton@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James M Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$55 Filing Fee & □ \$60 Filing Fee, ■ \$25 Filing Fee ■ \$30 Filing Fee & Certificate of Status & Certificate of Status Certified Copy 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	<u>:</u>	The name of the	limited liability con	npany is: ATER TAX	1, 410.				
		The articles of organization or the application to transact business							
X	Contai	ins an incorrect sta	TE BOX AND COM atement. The incorr ted statement are as	ect statement, th					
	The	e name sh	ould be: B	luewater	Shuttle, L	LC.			
_	<u>OR</u>								
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:								
Dated:	Jar	nuary 9th.	e Om la	,2013	A	** a			
			member or authoriz Overton Typed or printed n		of a member	IAN II PM	5		
			Filing Fee: Certified Copy:	\$25.00 \$30.00 (op	tional)	A			