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J. SAULSBERRY EXAMINER

JAN 0 1 2013

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: <u>Jasmine Gardens</u>	LC	
Name of Limited Liability	Company	
Dear Sir or Madam:	•	
The enclosed Articles of Correction and fee(s) are submitted for fili	ing.	
Please return all correspondence concerning this matter to the follow	wing:	
Cloria Romero 1200es		
Nexus-Living TIT LLC Firm/Company		
13431 Old Sheridans	Accept Marian Roman Roma	-m
Southwest Ranches FC ?	3330	
E-mail address: (to be used for future annual report notification	(05 (C) FILORIDA 50	
For further information concerning this matter, please call:    Coloria Person   Coloria     Name of Person   Are	25) 964-385 ea 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:		
\$30 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 <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is:	randa	ഷട്ട	uc
<u>SECO</u>	ND: The articles of organization or the application to transact business		,	
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×	Contains an incorrect statement. The incorrect statement, the reason the statement, and the corrected statement are as follows:  The incorrect Statement is that the experiment is the experiment is that the experiment is the experiment is the experiment is the experiment is the experiment.			-
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	entity be manager managed. The Con Shall be manager managed	wb	any	· -
	Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	y signe	d and	
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		5877 7877 0	<u> </u>	- <u>F</u>
Dated:	December 27, 2012	F STATE FEORIDA	M 8 50	- [ 1:]
	Signature of a member or authorized representative of a member			
	Typed or printed name of signee			
	Filing Fee: \$25.00			

Certified Copy:

\$30.00 (optional)