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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Drain Surgeons of Southwest Florida
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:

Timothy Byrne Sr.
Name of Person

Drain Surgeons of Southwest Florida
Firm/Company

720 NE 25th Avenue, Unit # 3
Address

Cape Coral, FL. 33909
City/State and Zip Code

thedrainsurgeons@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janean Byrne (mgr) at (239) 603-1100
Name of Person 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

**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:
Drain Surgeons of Southwest Florida

SECOND: The articles of organization or the application to transact business

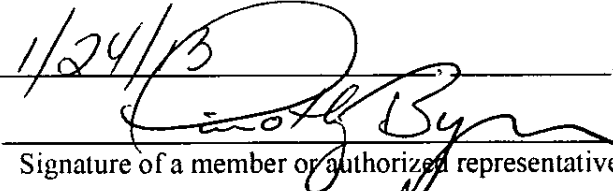
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
Please change Timothy Byrne SK (owner/member) to
(Managing Member). Please change Timothy Byrne SK
And Tanean Byrne's addresses to
720 NE 25th Avenue, Unit #3, Cape Coral, FL. 33909

OR

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

Dated: 1/24/13


Signature of a member or authorized representative of a member

Timothy Byrne

Typed or printed name of signee

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA