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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JAN 30 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DLFRLF ENTERPRISES 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:

Michael Angelo

Name of Person

Online Filings Co.

Firm/Company

619 Cattlemen Rd. - S155

Address

Sarasota, FL. 34232

City/State and Zip Code

support@onlinefilings.biz

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

For further information concerning this matter, please call:

Michael Angelo

Name of Person

at (850)

270-6379

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.

FILED
13 JAN 28 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the limited liability company is:
DLFRLF ENTERPRISES 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:

The Registered Agent Address was entered incorrectly. The correct address is;

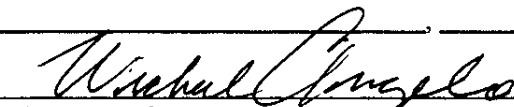
9820 NW 32ND MNR SUNRISE FL 33351-7002

OR



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

Dated: _____



Signature of a member or authorized representative of a member

Michael Angelo

Typed or printed name of signee

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