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(Requestor's Name)

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TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
FEB 11 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUMISSION HOLDINGS, 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:

CHARLES J. MAMMEN

Name of Person

Firm/Company

64 LEGACY CT

Address

DELRAY BEACH, FL 33445

City/State and Zip Code

CMAMMEN@ME.COM

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

For further information concerning this matter, please call:

CHARLES MAMMEN

Name of Person

at (561) 401-7966

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

FILED
13 FEB -8 PM 4:03
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

TRUMISSION HOLDINGS, 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 ARTICLE IV OF THE COMPANY HAS A MISTAKE. CARSON E MAMMEN AND NOLAN A MAMMEN

ARE MINORS. THEY NEED TO BE REMOVED AND WITHDRAW FROM THE BUSINESS.

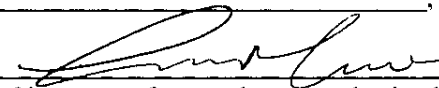
THE ONLY MANAGING MEMBERS SHOULD BE KELLY MAMMEN AND CHARLES MAMMEN.

OR



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

Dated: FEBRUARY 04, 2012



Signature of a member or authorized representative of a member

CHARLES J. MAMMEN

Typed or printed name of signee

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