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(City/State/Zip/Phone #)

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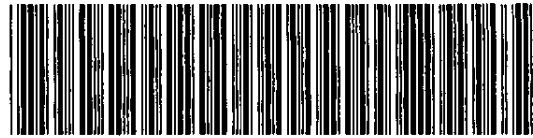
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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Atlas Exchange XII, 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:

Andrew W. Gustafson

Name of Person

Atlas Exchange XII, LLC

Firm/Company

895 Santa Rosa Blvd Unit 308

Address

Fort Walton Beach, FL 32548

City/State and Zip Code

ANDGUS@ATLAS1031.COM

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

For further information concerning this matter, please call:

Andy Gustafson

Name of Person

at ( 850 ) 496. 6090

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: ATLAS EXCHANGE XII, 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:

MANAGER / MEMBER DETAIL

GUSTAFSON, ANDREW W.

NOT CORRECT

ATLAS EXCHANGE HOLDING, LLC AS MANAGER

OR WITH THE ADDRESS AS PROVIDED UNDER GUSTAFSON, ANDREW

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

Dated: MARCH 1, 2013

Andrew W. Gustafson

Signature of a member or authorized representative of a member

ANDREW W. GUSTAFSON

Typed or printed name of signee

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

FILED  
13 MAR -4 PM 12:14  
STATE  
OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA