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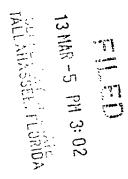
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B. BOSTICK
MAR - 6 2013
EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

TRAX HALL SE FINANCE, 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:

Nicole C. Smith, Esq

Name of Person

Trax Capital Management

Firm/Company

200 S. Orange Avenue, Ste 2800

Address

Orlando, FL 32801

City/State and Zip Code

nsmith@traxcapital.com

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

For further information concerning this matter, please call:

Nicole C. Smith, Esq

. 407

377-0565

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

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.

<u>FIRST</u>	_	he limited liability cor		L1300	00032660	
<u>SECO</u>		ALL SE FINANCE organization or the ap	, LLC ——————————————————————————————————	ness		
<u>(CH</u>	ECK THE APPROPR	IATE BOX AND CON	MPLETE THE APPLICAE	BLE STATEMEN	<u>NT</u>	
x	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:					
	Articles of Organization for TRAX HALL SE FINANCE, LLC shall be changed to					
	TCM HALL SE FINANCE, LLC					
	O.D.					
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:					
				A:		
				A38	J. J.	
Dated:		0.5	, 2013	E. FLORID	PH 3: 03	
	Signature of a member or authorized representative of a member			——— mber	-	
	Nicou (c. Smith				
	Typed or printed name of signee					
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			