

L130000441545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

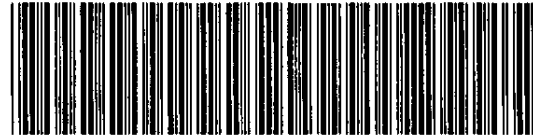
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RADIOTUGA.COM 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:

KENNY GONCALVES
Name of Person

RADIOTUGA.COM LLC
Firm/Company

61 FRANCIS LN
Address

PALM COAST FL 32137
City/State and Zip Code

GONCALVES KENNY@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENNY GONCALVES at (386) 503-7190
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:

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

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

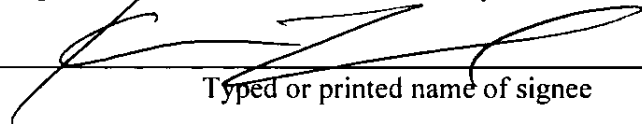
Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

WHERE IT STATES JASON A. REGO IS A
MGML IT SHOULD STATE THAT
JASON A. REGO IS A MANAGER ONLY
NOT MANAGING MEMBER
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



Typed or printed name of signee

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA