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AND ANASSEE, FLORID

COVER LETTER

TO:

CR2E062 (08/05)

TO: Registration Section Division of Corporations			
SUBJECT: Fobulous Finds of the Golden Trongk LLC			
Typo 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:			
Aletande DM, tchel			
Fabulous Finds Firm/Company			
37912 Monticello St			
Lees burg FL City/State and Zip Code			
down that @ gmoil. com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
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 \$\Bullet\$ \$30 Filing Fee & \$\Bullet\$ \$55 Filing Fee & \$\Bullet\$ \$60 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy			

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30 business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is: Fabulous Finds of the Golden Trangle Tavares LLC
SECO	ND: The articles of organization or the application to transact business
<u>(CH</u>	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
TA.	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
7	Typo in Name should be abulous Finds of the Golden Triangle Tavares LL
	OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
	OR TOTAL
Dated:	04/15/2013
	Signature of a member or authorized representative of a member Alexander D Mitchell
	Typed or printed name of signee
	Filing Fee: \$25.00

\$30.00 (optional)

Certified Copy: