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ECRETARY OF STATE

K.SALY EXAMINER MAY 10 2013

## **COVER LETTER**

TO: Registratio Division of	n Section f Corporations			
SUBJECT:	The Green	LAW FIR	m of Jocksonuilly	P.L.
		of Limited Liability Co		,
Dear Sir or Madam:				
The enclosed Article	es of Correction and fee(s) a	re submitted for filing.		
Please return all cor	respondence concerning this	s matter to the followin	g:	
511	oney simmo	γJ		
	Name of Person		_	
			_	
	Firm/Company		_	
1050	RIVERSIDE DE	ience		
	Address	,	<del>-</del>	
Jock	somuille, EL.	32204		
	'City/State and Zip Code		_	
9.22	551MMONSCOW	. com		
	s: (to be used for future annu		_	
For further informat	ion concerning this matter, p	olease call:		
-10100	- FLANMANATIT	00//	200 2 TU 0000 1	111
370007	une of Person	at ( 709 Area Co	) 354-9000 x 22 de & Daytime Telephone Number	27
STREET/COURIE	R ADDRESS:		MAILING ADDRESS:	
Registration Section			Registration Section	
Division of Corpora	tions		Division of Corporations	
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida			Tananassee, Florida 32314	
Enclosed is a check	for the following amount:	• . <del>••</del>		
\$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	13 MAY
FLORIDA OR FOREIGN LIMITED LIABILITY CO	OMPANYEURE/ARY OF TAILARY OF THE 19

Pursuant to section 608.4115, F.S., this document is being submitted within the required SOF FLORIDA. in Florida.

in Flor	ida.
FIRST	The name of the limited liability company is:
SECO	<del></del>
X (C.	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
	DRTICLE III ADDRESS SHOULD BE
	546 LOMBY Street
	DRTICLE III DODRESS SHOULD BE 546 LOMBY Street  JACKSOMUILLE, FL 32204
	<u>OR</u>
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
Dated:	MAY 5 JOHN S. Dommon #
	Signature of a member or authorized representative of a member
	SIONEY J. SIMMONS, IT
	Typed or printed name of signee  Filing Fee: \$25.00
	CHIIV CEC: 343.40

Certified Copy:

\$30.00 (optional)

CR2E062 (08/05)