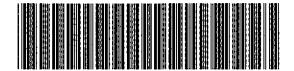
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PICK-UP	☐ WAIT	MAIL .
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> K. SALY EXAMINER JUN 1 4 2013

## **COVER LETTER**

TO: Registration Section Division of Corporations Kitty Massage LLC SUBJECT: 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: Jin Chen Jin Chen CPA PA Firm/Company 18017 Wynthorne Dr Address Tampa, FL 33647 City/State and Zip Code Jchen87401@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jin Chen Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy

CR2E062 (4/13)

## ARTICLES OF CORRECTION . FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

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

FIRST	T: The name of the limited liability company is:  Kitty Massage LLC				
SECO	ND: The articles of organization or the application to transact business				
<u>(CI</u>	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT				
<b>✓</b>	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  The MGR name should be XU, HUI, not XU, XUI				
	· · · · · · · · · · · · · · · · · · ·				
	<u>OR</u>				
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:				
Dated:	06/10/2013				
	HUIXU				
	Signature of a member or authorized representative of a member				
	HUI XU				
	Typed or printed name of signee				
	Filing Fee: \$25.00				

Certified Copy:

\$30.00 (optional)