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COVER LETTER

TO:

Registration Section Division of Corporations

Estren& Associates, PLC

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:

Brooke Estren

Name of Person

Estren & Associates, PLC

Firm/Company

101 Plaza Real South, Suite 213

Address

Boca Raton, Florida 33432

City/State and Zip Code

Bestren@unitylg.com

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

For further information concerning this matter, please call:

Brooke Estren

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 &

□ \$60 Filing Fee, Certificate of Status &

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CR2E062 (4/13)

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</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST:	;	The name of the l	limited liability com	pany is:		==
<u>Estren</u>	<u>1 & Ass</u>	ociates, PLC	···		P	_ <u>===</u>
<u>SECO</u>	<u>ND</u> :	The articles of or	ganization or the app	blication to transact business	日本変	Jeg -
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سننا	incorre	ct, and the correct	ed statement are as f	ct statement, the reason the state follows: uite 213, Boca Raton, Fl 3343	9	K 5 17 12
*	Correc	t Address: 101	Plaza Real South,	Suite 213, Boca Raton, Fl 33	3432	
	Туро і	n Entity Name (OLD): Estren & As	sociates, PLC		
	Correc	ct Entity Name: I	Estren & Associate	es, PLLC		
*	(ADDE	ES TO BE	CORRECTED	FOR STREET, MAILIN	NG +	!nt
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:					
Dated:	June	17_		2013		
2		my	Q			
		Signature of a r	member or authorize	d representative of a member		
		Brooke Estren				
			Typed or printed na	ame of signee		
			Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)		