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TALLAHASSEE, FLORIO

**COVER LETTER** 

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Registration Section Division of Corporations

SUBJECT:

Spydev 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:

### **Daniel Doudnik**

Name of Person

Double D. Processing, Inc.

Firm/Company

2999 NE 191 Street, Suite 805

Address

Aventura, Florida 33180

City/State and Zip Code

Danield0303@gmail.com

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

For further information concerning this matter, please call:

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:

S25 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 <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: Spydev LLC		The name of the limited liability company is:		<del></del>		
SECOND: The articles of organization or the application to transact business						
<u>(CH</u>	ECK T	THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STAT	EME	<u>JT</u>		
V	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  1. One of the MGRM names is spelled incorrectly, the correct spelling is					
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	2. Prir	ncipal Address is to be 24 Rue Dalhousie, Candiac, QC J5R6K7, C	anac	—— la		
		efectively signed. The manner in which the document was defectively signopriate correction are as follows:	gned a	ınd		
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Dated:		4/26/13 , REF	AH II: 54	-	-	
		A				
	/	Daniel Doylinh, Cutton, Dobewick	, , ,			
		Typed or printed name of signce				
		Filing Fee: \$25.00				

Certified Copy:

\$30.00 (optional)

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