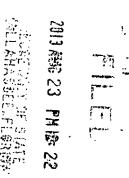
L13000/17083

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COVER LETTER

TO: Registration Section

CR2E062 (4/13)

Division of	Corporations		,		
SUBJECT:	CD	1T LLC			
	Name o	f Limited Liability Co	mpany கூம	inect?	117083)
Dear Sir or Madam:				L13000	117083)
The enclosed Article	es of Correction and fee(s) a	re submitted for filing.			
Please return all con	respondence concerning this	matter to the followin	g:		
M	elissa M CClosluu Name of Person	- -			
	Name of Person	0	_		
	CDMT LLC				
	Firm/Company	· · · · · · · · · · · · · · · · · · ·	-	海 2	
	105 GUF R& NPG	s,F		3	Winds on a
	fot 6UF RD NP1 Address		_	23 SSE	
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	NPB FL 33408 City/State and Zip Code		-	SE W	Sound
E-mail address	mccloskey @ v	Jahoo. Wm al report notification)	_	弾 /	
For further informat	ion concerning this matter, p	olease call:			
Me! Na	Lissa McCloslag	at (<u>56 (</u> Area Co) 676-0777 ode & Daytime Telephone Nur	mber	
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231	4	
Enclosed is a check	for the following amount:				
\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status of 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:	The name of the limited liability company is:
SECON	ND: The articles of organization or the application to transact business
(CHI	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Incorrect spelling of MGMR name:
	memr: Charles L. Hill needs to be changed
_	to correct spelling Charles L. III
	93 N
9	OR
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
-	
-	
-	
-	
Dated:	8 20 , 13 .
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)