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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ON Enterprises, LLC

Name of Limited Liability Company

Dear Sir or Madam:

٩.

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marie Freeman/Kim DeLeva	
Name of Person	-
Gertsburg Law Firm Co., LPA	

Firm/Company

36 South Franklin Street

Address

Chagrin Falls, Ohio 44022

City/State and Zip Code

amf@gertsburglaw.com

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

For further information concerning this matter, please call:

Marie Freeman

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Tallahassee, Florida 32314

Registration Section Division of Corporations

P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

\$25 Filing Fee

□ \$30 Filing Fee & Certificate of Status S55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy FILED CRETARY OF STATE LAHASSEE. FLORIDA

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: ON Enterprises, LLC

SECOND: The articles of organization or the application to transact business

(CHECK 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: The incorrect statement is the effective date of 9/26/13. The reason the

statement is incorrect is a clerical error. The correct effective date is 8/26/13

which is 5 business days prior to the Articles being filed.

<u>OR</u>

٩,

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: September 6

2013

Signature of a member or authorized representative of a member

Amy Marie Freeman

Typed or printed name of signee

Filing Fee: Certified Copy: \$25.00 \$30.00 (optional) o