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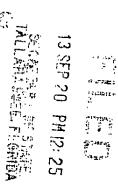
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: LEFT ANGEL MEDIA LLC	,
Name of Limited Liability Con	mpany
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	g:
SEAN LARSEN	
Name of Person	·
LEFT ANGEL MEDIA LLC	_
Firm/Company	
2725 BERKELEY AVE	_
Address	
LAKELAND, FL 33803  City/State and Zip Code	- an
sean.larsen@me.com  E-mail address: (to be used for future annual report notification)	-
	ने के जिल्ला पुरुष्ठ के ले बहुत्य
For further information concerning this matter, please call:	ufig. Dill
SEAN LARSEN at 407	,697-8493
	de & 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

□ \$55 Filing Fee & Certified Copy

□ \$60 Filing Fee,

Certificate of Status & Certified Copy

■ \$25 Filing Fee

Enclosed is a check for the following amount:

□ \$30 Filing Fee &

Certificate of Status

## 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 LEFT	The name of the ANGEL MEDIA LLC	ne limited liability con	npany is:				_
SECO!	ND: The articles of	organization or the ap	plication to transa	act business			
<u>Çe</u> H	ECK THE APPROPR	IATE BOX AND COM	IPLETE THE AP	PLICABLE ST	<u> FATEM</u>	<u>ENT</u>	
	ntement		_				
	but in doing so we r	nisspelled the name	please make th	e correction	to:		
	CORRECT NAME:	LEFT ANG	LE MEDIA LLC				_
							_
							-
	<u>OR</u>						
	Was defectively signe the appropriate correc	d. The manner in whi tion are as follows:	ch the document	was defective	ly signed	d and	_
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Dated:	SEPT 18TH	<b>,</b>	2013			25	
	5	<b>7.</b>		<u> </u>	-		
	- 1	a member or authorize	ed representative	of a member			
	SEANLARS		ama of siance		-		
		Typed or printed n	ame or signee				
		Filing Fee:	\$25.00				

Certified Copy:

\$30.00 (optional)