

L13000132766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

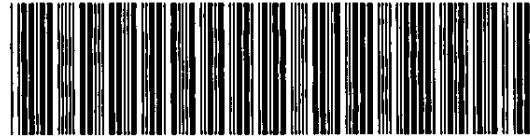
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT -3 PM 1:07

OCT - 7 2013

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael Wade Arabians, 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:

Michael Wade

Name of Person

Michael Wade Arabians, LLC

Firm/Company

PO Box 4490

Address

Fort Lauderdale, FL 33338

City/State and Zip Code

mwadeoz@me.com

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

For further information concerning this matter, please call:

Michael N Wade

Name of Person

at (415)

359-3112

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 &
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 **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is: Michael Wade Arabians, LLC

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

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

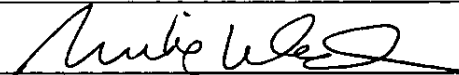
- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Managing member last name and first name are swapped. Managing member actual name is: Michael N Wade. Please change first name to "Michael" and last name to "Wade". Middle initial "N" is correct.

OR

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

Dated: October 1, 2013



Signature of a member or authorized representative of a member

Michael N Wade

Typed or printed name of signee

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

14th OF STATE
DIVISION OF CORPORATIONS
13 OCT -3 PM 1:07