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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: AD PARTNER SOLUTIONS, 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:

LAWRENCE JOSEPH

Name of Person

Firm/Company

PO BOX 23475

Address

FORT LAUDERDALE, FL 33307

City/State and Zip Code

LRJ954@GMAIL.COM

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

For further information concerning this matter, please call:

LAWRENCE JOSEPH

,954

815-6321

Name of Person

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 S55 Filing Fee & Certified Copy

☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (4/13)

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 AD PA	The name of the limited liability company is: ARTNER SOLUTIONS, LLC			• • • •	
<u>SECO</u>	ND: The articles of organization or the application to transact business				
<u>(CH</u>	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	<u> [ATEN</u>	<u>1ENT</u>	-	
~	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: THE NAME OF THE COMPANY AS STATED IS "AD PARTNER SOLUTION."				
	LLC" THE CORRECT NAME OF THE COMPANY SHOULD BE				
	"AG PARTNER SOLUTIONS, LLC"				
	<u>OR</u>		k		
	Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	ly signo	ed and	d '''	
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				_	
Dated:	OCTOBER 9 , 2013				
		-			
	Signature of a member or authorized representative of a member				
	LAWRENCE JOSEPH				
	Typed or printed name of signee				
	Filing Fee: \$25.00				

Certified Copy:

\$30.00 (optional)