

L13000/55984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

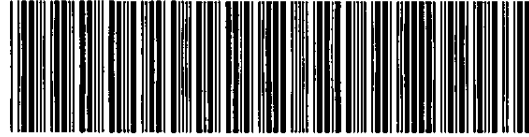
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/22/13--01038--007 \*\*25.00

EFFECTIVE DATE

11-21-13

FILED  
13 NOV 22 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC - 3 2013

T. BROWN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wholesale Print Shop LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Kyosik Kim  
Name of Person

Firm/Company

4749 Willamette Cir  
Address

Orlando FL 32826  
City/State and Zip Code

KyosikKim1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kyosik Kim at (407) 603-6605  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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:  
Whole sale Print Shop, LLC

**SECOND:** The articles of organization or the application to transact business **EFFECTIVE DATE**  
11-21-13

**(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:

- MGRM Kyosik Kim  
- Effective Date 11/21/13

**OR**

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

Dated: 11/21/13

  
Signature of a member or authorized representative of a member

Kyosik Kim  
Typed or printed name of signee

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

**FILED**  
13 NOV 22 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA