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J. SAULSROREN EXAMPLE :

NOV 18 2013

COVER LETTER

TO: Registration Section **Division of Corporations**

UNIVERSAL HEALTH & LIFE BENIFITS DIRECT L.L.C.

Name of Limited Liability Company

Dear Sir or Madam:

SUBJECT:

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

Please return all correspondence concerning this matter to the following:

Jason Nieves

Name of Person

UNIVERSAL HEALTH & LIFE BENIFITS DIRECT L.L.C.

Firm/Company

500 Nw 34th St Apt 111

Address

Pompano Beach FI 33064

City/State and Zip Code

insuranceman114@gmail.com

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

For further information concerning this matter, please call:

Jason Nieves

Name of Person

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

5 \$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 within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST UNIVE	The name of the limited liability company is: ERSAL HEALTH & LIFE BENIFITS DIRECT L.L.C.		
SECO			
<u>(CH</u>	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST.	<u>ATEMENT</u>	
V	Contains an incorrect statement. The incorrect statement, the reason the statement, and the corrected statement are as follows: THE NAME OF MY RECENTLY REGISTERED L.L.C. IS MISSPELI		
	IT IS SPELLED UNIVERSAL HEALTH & LIFE BENIFITS DIRECT L.I	C.	
	AND SHOULD BE UNIVERSAL HEALTH & LIFE BENEFITS DIRECT	Γ L.L.C.	
	"BENIFITS" SHOULD BE "BENEFITS"EVERYTHING ELSE IS COI	RRECT.	
	Was defectively signed. The manner in which the document was defectively signed a the appropriate correction are as follows:		
		572	
		ញ	
Dated:	11/12/13 OR NOV. 12th , 2013	:	
	Signature of a member or authorized representative of a member		
	Typed or printed name of signee		
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		