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B. BOSTICK NOV 21 2013 EXAMINER

COVER LETTER

TO: Registration S Division of Co	ection orporations				
SUBJECT: Nee	1 1	ion on	Manager		
•	Name of	f Limited Liability Co	npany		
Dear Sir or Madam:					
	of Correction and fee(s) ar	e submitted for filing			
	pondence concerning this	_	··		
Trease return an corres	Jondence concerning this	matter to the following	ğ.		
Roy Vicu	Name of Person		- ·		
H+R?	Pressure W	lasher	_		
2891 T	Firm/Company US CA 70 VC	Tr).		•	
Widdle	Address PUVG H City/State and Zip Code	. 3206	3	TALLAHA	2013 NOV
E-mail address: (0	o 2000 O	ACHDD. CO	m.	SSEE	20 Pä k
For further information	concerning this matter, p	lease call:		DRID!	2: 43
Koy Vie	UNS of Person	at (554-83 de & Daytime Telephone Num	$\frac{9}{600}$	•
STREET/COURIER	ADDRESS:		MAILING ADDRESS:		
Division of Corporations		Registration Section Division of Corporations			
Clifton Building 2661 Executive Center Tallahassee, Florida 32			P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check fo	r the following amount:				
\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status &	i	

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	The name of the limited liability company is: $\mathcal{M} \neq \mathcal{R}$ \mathcal{R} .	SSU	re U	lashr L 15784
<u>SECO</u>	ND: The articles of organization or the application to transact business	-13	OQ0	15784
<u>(CH</u>	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	ATE	<u>MENT</u>	
7	Contains an incorrect statement. The incorrect statement, the reason the statement, and the corrected statement are as follows: Hanager a need to be Roy Vicens as Hanager a an registered agent Roy Vicens.			.C. and
	OR Was defectively signed. The manner in which the document was defectivel the appropriate correction are as follows:	y sigi	- TCI	-
		SECIE MIX OF	813 NOV 20 P	2 mm 1 - 1 - 2 mm 1 -
Dated:	_11/17/13		h 12: 4:3	-
	Signature of a member or authorized representative of a member Typed or printed name of signee Filing Fee: \$25.00			

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\$30.00 (optional)