

430016-1750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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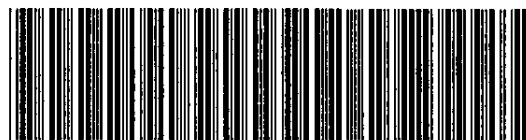
(Business Entity Name)

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SHORE PARTY OF STATE
TALLAHASSEE FLORIDA

FEB 04 2015

BRUC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlas Audio, LLC.
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Stephen Marro

Name of Person

Atlas Audio

Firm/Company

8637 Pisa Dr. Apt 1024

Address

Orlando, FL 32810

City/State and Zip Code

S. Marro@me.com

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

For further information concerning this matter, please call:

Stephen Marro

Name of Person

at 561

Area Code

460-4432

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Atlas Audio, LLC

SECOND: The Florida Document number of the limited liability company is: L13000169756

THIRD: Document to be corrected is:
The LLC's address

(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:

The address is listed as "2513 Tuscaloosa Trail, Winter Park, Florida 32789." This is my old address. My new address is "8637 Pisa Drive Apt. 1024, Orlando, Florida 32810."

OR

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

OR

☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

1/18/2015

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TALLAHASSEE FLORIDA

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