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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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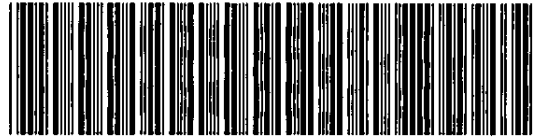
(Business Entity Name)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ULITECH, 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:

ROGELIO ULIBARRI  
Name of Person

ULITECH, LLC  
Firm/Company

1884 LYNTON CIRCLE  
Address

WELLINGTON, FL 33414  
City/State and Zip Code

Rogelio.M.Ulibarri@nexteraenergy.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROGELIO ULIBARRI at ( 561 ) 329-1945  
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
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**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:

ULITECH, LLC

**SECOND:** Document to be corrected is:

ARTICLES OF ORGANIZATION

**(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 INCORRECT STATEMENT: DATE OF ORGANIZATION

WAS JANUARY 2, 2014.

THE REASON THE STATEMENT IS INCORRECT WAS THAT THE

DATE OF ORGANIZATION WAS DECEMBER 2, 2013.

THE CORRECT STATEMENT: THE COMPANY WAS ORGANIZED DECEMBER 2, 2013.

**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.

*Dr. Alibawi*  
Signature of Authorized Representative

1/29/14  
Date

STATE OF FLORIDA  
TALLAHASSEE  
16 JAN 31 AM 10:55

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