

L14 600001387

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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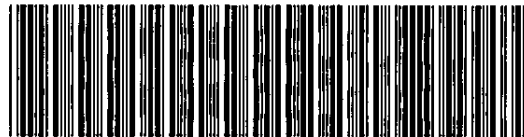
(Business Entity Name)

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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.

[Signature]
Signature of Authorized Representative

1/29/14
Date

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