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COVER LETTER

TO: Registration Section Division of Corporations Solutions Acquisitions, 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: Nicholas Paindiris Name of Person **Brown Paindiris & Scott** Firm/Company 2252 Main Street Address Glastonbury, CT 06033 City/State and Zip Code npaindiris@bpslawyers.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nicholas Paindiris Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

CR2E062 (12/13)

STATMENT 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:	
		Solutions Acquisitions, LLC	
SECOND:		Document to be corrected is:	
		Articles of Organization	
	(CHE	CK THE APPROPRIATE BOX AND COMPLETE THE APPLICA	ABLE STATEMENT
×	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect and the corrected statement are as follows:		
	The name of the person authorized to manage the LLC is displayed incorrectly. It is listed as		
	"Faldu Vijaykumar." The first and last name have been switched. The name of the person authorized to manage the LLC should be entered as "Vijaykumar Faldu."		
	Co	rrected statement: Vijaykumar Faldu	
	OR		- ····
· 	Was defectively signed. The manner in which the document was defectively signed and the		
<u></u>		priate correction are as follows:	HACIA signed mid me
	•		75 N
			
	<u>OR</u>		
	The e	lectronic transmission of the record was defective.	>/Iu
S	ignatur	of Authorized Representative Dat	e
		Filing Fee: \$25.00	
		Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	

CR2B062 (12/13)