

L14000029215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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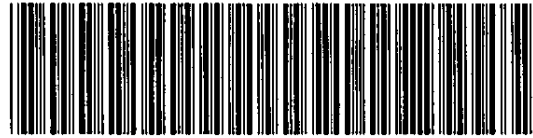
(Business Entity Name)

(Document Number)

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14 MAR 24 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
MAR 26 2014  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Park Avenue Studios, 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:

**Jennifer Oliver**

Name of Person

**Park Avenue Studios, LLC**

Firm/Company

**1801 S. Park Ave.**

Address

**Sanford, FL 32771**

City/State and Zip Code

**parkavenuestudios@earthlink.net**

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

For further information concerning this matter, please call:

**Jennifer Oliver**

**407**

**549-3496**

Name of Person

at ( )

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

CR2E062 (2/14)

**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: Park Avenue Studios, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000029215

**THIRD:** 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 names & address of each person authorized to manage and control the  
the LLC should be as follows: Jennifer A. Oliver should be changed from MGR  
to an AMBR (AND) add Johnathan T. Mullins as an AMBR, 1801 S. Park Ave.  
Sanford, FL 32771

**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.

*Jennifer Oliver* 3.20.14  
Signature of Authorized Representative Date

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

APPROVED,  
AND  
FILED  
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