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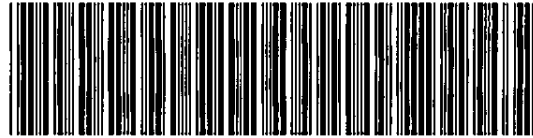
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VSS SECURITY AND FIRE ARMS ACADEMY, 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:

WILLIAM LOPEZ

Name of Person

Firm/Company

2500 NW 79 AVENUE, SUITE 220

Address

DORAL, FLORIDA 33122

City/State and Zip Code

RICHBOWLAW@GMAIL.COM

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CEASAR D. RICHBOW at (404) 759-6073

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:
VSS SECURITY AND FIRE ARMS ACADEMY, 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:

INCORRECT STATEMENT IN ARTICLE I: THE NAME OF THE LIMITED
LIABILITY COMPANY IS: VSS SECURITY AND FIRE ARMS ACADEMY, LLC

CORRECTED STATEMENT: THE NAME OF THE LIMITED LIABILITY COMPANY IS: VSS SECURITY
AND FIREARMS ACADEMY, LLC. THE WORD FIREARMS WAS SPELLED INCORRECTLY

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

3/7/14

Date

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