

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000066571 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SUPERBIZ.COM, INC.

Account Number : I20070000160 Phone

: (800)494-3124 Fax Number : (561)455-9885

*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email	Address	:
-------	---------	---

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARDREY ENTERPRISES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 20 2014 D. BRUCE

STATMENT OF CORRECTION FOR

H14000066571 3

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed

aoçun	ioni.							
FIRS'	<u>T</u> :	The name of the limited liability company is:						
		MARDREY ENTER	PRISES LLC					
SECO)ND-	Document to be corrected is:						
<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	ARTICLES OF ORC	SANIZATION					
		ARTIOLES OF ORC	37(14)27(110)14					
	(CHEC	K THE APPROPRIATE BOX AND CO	MPLETE THE APPLICA	BLE STATEMEN	T			
X		Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect and the corrected statement are as follows:						
	ALL	L ADDRESSES WERE INCORRECTLY SUBMITTED AS						
	64 H	64 HICKORY WAY, OCALA, FLORIDA 34472						
	PRIN	PRINCIPAL, MAILING, REGISTERED AGENT & AMBR ADDRESS IS						
	64 H	64 HICKORY LOOP WAY, OCALA, FLORIDA 34472						
	<u>OR</u>				2014	***		
	Was d	Was defectively signed. The manner in which the document was defectively signed appropriate correction are as follows:						
				<u> </u>	A =			
					: კ	***		
	OR							
	The el	ectronic transmission of the record was	defective.					
_ _	Had	ACIA TUANEA 03/19/2014		19/2014				
		of Authorized Representative	Date		-			
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	H140000665	713			