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T. Branch APPR 141 1. 2016

COVER LETTER

Registration Section Division of Corporations LONG LAW HOLDINGS, 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: Michael Long Name of Person Zion Marketing, LLC Firm/Company 13506 SUMMERPORT VGL. PKY., SUITE 769 Address WINDERMERE, FL 34786 City/State and Zip Code mike@mikelong.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Long 280-3536 Name of Person Daytime Telephone Number 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:

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□ \$60 Filing Fee,

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CR2E062 (2/14)

\$25 Filing Fee

□ \$30 Filing Fee &

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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. LONG LAW HOLDINGS, LLC The name of the limited liability company is: FIRST: SECOND: The Florida Document number of the limited liability company is: Document to be corrected is: THIRD: L14000045112 (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 Name of the LLC was supposed to be Zion Law Holdings, LLC Not Long Law Holdings, LLC. I made a mistake on this filing. Please change. Document L14000045154 is the correct LLC name, but as you can see it is als Long Law Holdings, LLC. Document L14000045154 is correct. Thanks <u>OR</u> 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

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)