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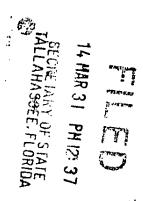
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J. S. O. 94 APR 0 3 2014

## **COVER LETTER**

_	ration Section on of Corporations					
SUBJECT:	Disc Plus, LLC					
_	ility Company					
Dear Sir or Ma	dam:					
The enclosed S	tatement of Correction and fee(s) ar	e submitted for filing	<b>g</b> .			
Please return a	Il correspondence concerning this m	atter to the following	3:			
Samuel A.	Houghton					
	Name of Person		_			
Houghton,	P.A.					
	Firm/Company	· · · · · · · · · · · · · · · · · · ·	-			
625 E. Lim	e St. Suite 1					
	Address		-			
Lakeland,	FL 33801					
ŝ	City/State and Zip Code		-			
shoughton	@houghtonpa.com					
E-mail ac	dress: (to be used for future annual	report notification)	-			
For further info	ormation concerning this matter, ple	ase call:				
Samuel A.	Houghton	863	899-2671			
	Name of Person	Area Code	Daytime Telephone Number			
STREET/CO Registration So Division of Co Clifton Buildir 2661 Executive Tallahassee, F	rporations g c Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a	check for the following amount:					
S25 Filing F	ce \$\square\$ \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy			
CR2E062 (2/1	4)					

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursu	ant to s	ection 605.0209, F.S., this document is bei	•	led docum	ent.			
<u>FIRS</u>	The name of the limited liability company is:  Disc Plus, LLC				_			
SEC(	OND:	The Florida Document number of the lim	nited liability company is:		-			
THIRD:		Document to be corrected is:						
		Articles of Organization						
	<u>(C</u> )	HECK THE APPROPRIATE BOX AND CO	OMPLETE THE APPLICABLE STAT	EMENT				
		ains an incorrect statement. The incorrect statement are as follows:	tatement, the reason the statement is in	ncorrect, a	nd the			
	The	name of the company should be "Discs	Plus, LLC" (not "Disc Plus, LLC").					
	Plea	Please make this adjustment. Thank you.						
	-							
				<del></del>				
	<u>OR</u>							
		defectively signed. The manner in which the ction are as follows:	ne document was defectively signed an	nd the appi	ropriate			
				14 H				
				AR 3	economics.			
	-			7 - T	A STATE OF THE PERSON NAMED IN COLUMN 1			
				PH 12				
			<u> </u>	3.3.7 AFE	Land )			
	<u>OR</u>		Δ.	, -				
	The e	electronic transmission of the record was de	fective.					
	6	fortibe_	3/25/14					
-6	ignature	of Authorized Representative	Date	<u> </u>				

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)