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TO: Registration Section Division of Corporations			
Toddhill, LLC, a Florida limite subject:	ed liability		
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Statement of Correction and fee(s) are	e submitted for filin	g.	
Please return all correspondence concerning this ma	atter to the following	g:	
Christopher Finley, Esq.			
Name of Person	•	-	
Law Office of Christopher Finley, P.L.			
Firm/Company		- ,	
636 East Atlantic Avenue, Suite 205			
Address		_	
Delray Beach, Florida 33483			
City/State and Zip Code		-	
chris@cfinleylaw.com		,	
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Joan Finley	561	265-5053	
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	
CR2E062 (2/14)			

COVER LETTER

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. Toddhill, LLC, a Florida limited liability The name of the limited liability company is: FIRST: company The Florida Document number of the limited liability company is: SECOND: Document to be corrected is: THIRD: 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: When the Electronic Articles were filed, the name of Manager Donna Langan was incorrectly listed as Langan Donna. The correct name is Donna Langan <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the correction are as follows: <u>OR</u> The electronic transmission of the record was defective. 4-14-14 Signature of Authorized Representative Date

Filing Fee: Certified Copy:

M

\$25.00

opy: \$30.00 (optional)