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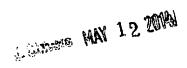
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COVER LETTER

	gistration Section vision of Corporations					
SURIFCT	IVELUZ SERVICES LLC					
SCBSECT.		Name of Limited Liability Company				
Dear Sir or	Madam:					
The enclose	d Statement of Correction	and fee(s)	are submitted for filing	2.		
Please retur	n all correspondence conc	erning this	matter to the following	y:		
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For further	information concerning th	is matter, p	lease call:			
Ivelisse	Luzardo		786	499 5911		
	Name of Person		Area Code	Daytime Telephone Number		
Registratio Division of Clifton Bui 2661 Exect	Corporations			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed i	s a check for the followin	g amount:				
□ \$25 Fili	ng Fee \$30 Filing Certificate		□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee. Certificate of Status & Certified Copy		
CR2E062 (2/14)					

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. The name of the limited liability company is: _____ FIRST: The Florida Document number of the limited liability company is: L14000056968 **SECOND:** THIRD: Document to be corrected is: Detail by Entity Name (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT 1 Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Change Title Authorized Person From President to Manager <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: Certified Copy:

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\$30.00 (optional)