

L14 0000 99049

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JUN 25 2014
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEXAS FAMILY ENTERTAINMENT GROUP, 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:

RICHARD D. FIELDS
Name of Person

TEXAS FAMILY ENTERTAINMENT GROUP, LLC.
Firm/Company

17027 SW 143 PLACE
Address

MIAMI, FL. 33177
City/State and Zip Code

TRECE074@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD D. FIELDS at (254) 221-5599
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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|--|--|

**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.

FIRST: The name of the limited liability company is: TEXAS FAMILY ENTERTAINMENT GROUP, LLC.

SECOND: The Florida Document number of the limited liability company is: L14000099049

THIRD: Document to be corrected is:
ELECTRONIC ARTICLES OF ORGANIZATION - ARTICLE IV

(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:

OR

☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

THE AUTHORIZED MANAGER FOR THIS LLC IS INCORRECT.
I PERSONALLY MADE THE ERROR WHILE FILLING OUT THE FORMS.
IT SHOULD BE: RICHARD D. FIELDS
17027 SW 143 PLACE
MIAMI, FL 33177

OR

☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

Filing Fee: \$25.00 ✓
Certified Copy: \$30.00 (optional)