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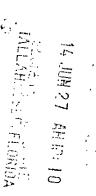
(Req	uestor's Name)				
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	Avayev, LLC				
50001		Name of Limited Liability Company			
Dear S	ir or Madam:				
The en	closed Statement of Correction and fee(s)	are submitted for filin	g.		
Please	return all correspondence concerning this	matter to the following	g:		
Rand	dal C Fairbanks				
	Name of Person		_		
Fairb	anks Law Group, PL				
	Firm/Company		-		
113 1	Nature Walk Parkway, Suite 103	3			
	Address		_		
St. A	ugustine, FL 32092				
-	City/State and Zip Code		-		
rfairb	anks@fairbankslawgroup.com				
E	-mail address: (to be used for future annu	al report notification)	_		
For fur	ther information concerning this matter, p	please call:			
Rand	lal C Fairbanks	904 at (507-6300		
	Name of Person	Area Code	Daytime Telephone Number		
Registr Division Clifton 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations Building executive Center Circle assee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclos	ed 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		
CR2E0	062 (2/14) Check #	1157			

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

RS	ST: The name of the limited liability company is: Avayev, LLC						
SECOND:		The Florida Document number of the limited liability company is: L14000100889					
THIRD:		Document to be corrected is:					
		Articles of Organization - Name of Manager					
	<u>(CI</u>	HECK THE APPROPRIATE BOX AND COMPLETI	E THE APPLICABLE ST	TATEMEN'	<u>T</u>		
V		tins an incorrect statement. The incorrect statement, eted statement are as follows:	the reason the statement	is incorrec	t, an		
	Incor	rect Statement: Mark A. Bishop - Manager					
	Reas	son Incorrect Statement: Middle initial was typed	d incorrectly				
	COR	RECT Statement: Mark R. Bishop - Manager	-				
	-						
	OR						
		defectively signed. The manner in which the docume	nt was defectively signe	d and the a	ppro		
	correc	ction are as follows:					
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				<u> </u>			
		- 19 and Address on the Control of t					
	<u>OR</u>						
]	The el	lectronic transmission of the record was defective.					
4	and.	o C Salak	6/25/2014				
-K	io o o o o o o	of Authorized Representative	Date				

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)