

L14000114138

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000174261 3)))



H140001742613ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SUPERBIZ.COM, INC.
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PERECT GRACE PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

14 JUL 22 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUL 22 A 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H14000174261 3

**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:
PERECT GRACE PROPERTIES, LLC

SECOND: Document to be corrected is:
ARTICLES OF ORGANIZATION *L14-114138*

(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:

ARTICLE I - THE NAME OF THE LLC WAS INCORRECTLY FILED AS
PERECT GRACE PROPERTIES, LLC

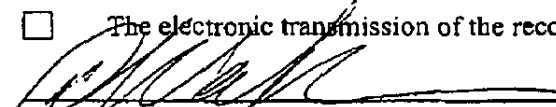
ARTICLE I - THE NAME OF THE LLC SHOULD CORRECTLY READ
PERFECT GRACE PROPERTIES, LLC

OR

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

07/22/2014
Date

FILED
2014 JUL 22 A 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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