

L14000118392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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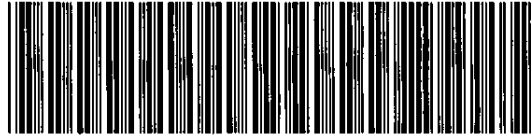
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG - 2 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fierce List, 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:

Deborah M. R. O'Brien, Esq.

Name of Person

Lowis & Gellen LLP

Firm/Company

2170 West State Road 434, Ste. 370

Address

Longwood, FL 32779

City/State and Zip Code

fierceconnection@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah M. R. O'Brien

407

788-8003

Name of Person

at (_____) _____

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

**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: Fierce List, LLC

SECOND: The Florida Document number of the limited liability company is: L14000118392

THIRD: Document to be corrected is:
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:

"King Harrison" should be "Jesse King Harrison IV";

Mailing address, RA's and Shea Crawford's street address should be changed

to: "6903 Mathers Lane, Apt. A"; Matthew Goldberg's address should be

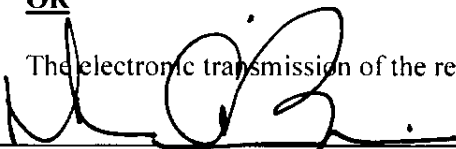
changed to: "4215 Mary Ellen Ave. #107, Studio City, CA 91604" (typo. errors)

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

July 30, 2014

Date

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

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STATE OF FLORIDA
TALLAHASSEE