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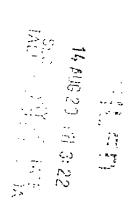
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COVER LETTER

Division of	Corporations			
LAKE	LIVING, LLC.			
SUBJECT:	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Stateme	ent of Correction and fee(s)	are submitted for filing	g.	
Please return all corre	espondence concerning this	matter to the following	g:	
HEIDI HOLDAN	Λ			
<u> </u>	Name of Person		-	
H.G. HOLDAM	TAX & ACCOUNTIN	G, INC.		
	Firm/Company		-	
3830 JOG ROA	ND.			
	Address	 	-	
LAKE WORTH	, FL 33467			
	City/State and Zip Code		<u>.</u>	
HEIDIH@FDN.	СОМ			
E-mail address	to be used for future annu	al report notification)	_	
For further informati	on concerning this matter, p	blease call:		
LESLIE S. WUI	RZBURGER	561	414-4012	
Na Na	me 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:			
■ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$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:_____LAKE LIVING, LLC. FIRST: The Florida Document number of the limited liability company is: L14000127700 SECOND: Document to be corrected is: THIRD: ARTICLES OF ORGANIZATION (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT 7 Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: REGISTERED AGENT (ARTICLE III) AND AMBR (ARTICLE IV): LESLIE L. WURZBURGER IS INCORRECT BECAUSE THE MIDDLE INITIAL IS INCORRECT, IT SHOULD READ: LESLIE S. WURZBURGER <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. Signature of Authorized Representative

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)