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COVER LETTER

TO: Registration Section Division of Corporations						
LEO FILM USA LLC						
	Name of Limited Liability Company					
Dear Sir	or Madam:					
The encl	osed Statemo	ent of Correction and fee(s) a	are submitted for filing	ş.		
Please re	turn all corre	espondence concerning this t	natter to the following	g.		
Amano	la J. Beren					
		Name of Person		•		
CorpN	et.com					
		Firm/Company		•		
340 N.	Westlake	Blvd. Ste. 210				
		Address	-	-		
Westla	ake Village	e, Ca 91362				
		City/State and Zip Code		-		
aberen	@corpnet.	com				
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Aman	da Beren		888 at (449-2638		
	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:						
2 \$25 1	Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy		
CR2E0	62 (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: LEO FILM USA LLC **FIRST**: The Florida Document number of the limited liability company is: L14000136227 **SECOND:** Document to be corrected is: THIRD: 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: Registered Agent Address was inputted incorrectly due to auto fill. See correction below Corporation Service Company 1201 Hays Street Tallahassee FL 32301 OR 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.

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)

Signature of Authorized Representative