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Office Use Only

a 1 4 1 5	,, С(	OVER LETTER
	Registration Section Division of Corporations	
SUBJECT		
	. Name o	f Limited Liability Company
Dear Sir or	or Madam:	
The enclos	sed Statement of Correction and fee(s) are sub-	nitted for filing.
Please retu	urn all correspondence concerning this matter t	o the following:
Barbara	a Puckett	
	Name of Person	
Account	nting Plus	
	Firm/Company	
20231 S	State Road 31	
	Address	<u> </u>
North F	FOrt Myers, Florida 33917	
	City/State and Zip Code	
puck202	023@aol.com	

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

For further information concerning this matter, please call:

Barbara Puckett		239 at (	ຸ229-1980	
Na	ame of Person	Area Code	Daytime Telephone Number	
STREET/COURIE	R ADDRESS:		MAILING ADDRESS:	
Registration Section			Registration Section	
Division of Corporations			Division of Corporations	
Clifton Building			P.O. Box 6327	
2661 Executive Center Circle			Tallahassee, Florida 32314	
Tallahassee, Florida	32301			
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: \_\_\_\_\_Country Girls Bling LLC

**SECOND:** The Florida Document number of the limited liability company is: \_\_\_\_\_\_

THIRD: Document to be corrected is: LLC application

## (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:

The first MGR is not Title Group of Fort Myers, LTD - 7910 Summerlin Lakes Dri

Drive, Fort Myers, Florida 33907. It should read Collins Title Affliates, Inc. -

6311 P.G.A. Drive, North Fort Myers, Florida 33917

## <u>OR</u>

Π

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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<u>OR</u>		
The electronic transmission of the record was defective.		
Burla 1 st	9/5/14	

Signature of Authorized Representative

Date

. . .

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

CR2E062 (2/14)