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T. BROWN

COVÊR LETTER

	*	COVERLE	IIEK &
TO: Registration Section Division of Corpo		*	-
*DivestarCl	PR [®] LLC	•	
30D3EC1.		Name of Limited Liab	ility Company
Dear Sir or Madam:			
The enclosed Statement of	Correction and fee(s)	are submitted for filing	ŗ,
Please return all correspond	lence concerning this	matter to the following	;
Robert Ross			
•	Name of Person		
DivestarCPR LLC			, ,
	Firm/Company		
745 Windermere Wa	ıy		
	Address		
Palm Beach Garden	s Florida 33418		
City	State and Zip Code		
robross88@msn.cor	n		
E-mail address: (to be	used for future annu	al report notification)	
For further information cor	cerning this matter, p	olease call;	
Robert Ross		561	904-6251
Name of I	erson	Area Code	Daytime Telephone Number
STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, Florida 32301 Enclosed is a check for th	cle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
□ \$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 COMPA

,	•	STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY ection 605 0209. E.S., this document is being submitted to correct a previously filed document
Pursua	ant to s	ection 605.0209, F.S., this document is being submitted to correct a previously filed document.
FIRS'	<u>T</u> :	The name of the limited liability company is:
SECC	OND:	The Florida Document number of the limited liability company is: L14000141846
<u>THIR</u>	<u>RD</u> :	Articles of Organization
	<u>(Cl</u>	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
		ains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the statement are as follows:
	LLC	was incorrectly named "Divestar",The LLC correct name is DivestarCPR
	not "	Divestar"
		defectively signed. The manner in which the document was defectively signed and the appropriate etion are as follows:
	<u>OR</u>	
	The e	lectronic transmission of the record was defective.
Si	gnature	of Authorized Representative Date

Filing Fee: **Certified Copy:**

\$25.00

\$30.00 (optional)