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J. Shivers NOV 0 6 2014

COVER LETTER

Division of	Corporations		
SUBJECT: GET	MOVE-IN PROPER		
		Name of Limited Lial	bility Company
Dear Sir or Madam:			
The enclosed Statem	nent of Correction and fee(s) are submitted for filin	g.
Please return all corr	respondence concerning this	s matter to the followin	g:
SHARIQ HARO	DON		
<u> </u>	Name of Person		
BARRISTER M	ARKETING LLC		
	Firm/Company		-
1509 GREEN N	MOUNTAIN DRIVE		
	Address		_
LITTLE ROCK	, AR 72212		
· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
ENTITYSTRUC	CTURING@GMAIL.C	OM	
E-mail address	: (to be used for future annu	al report notification)	
For further informati	ion concerning this matter,	please call:	
SHARIQ HAROON 501		227-9937	
Na	me of Person	Area Code	Daytime Telephone Number
STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Florida	ter Circle 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	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)

TO: Registration Section

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursua	nt to s	section 605.0209, F.S., this document is being submitted to correct a previously filed d					
FIRST	<u>r</u> :	The name of the limited liability company is: GET MOVE-IN PROPERTIES LLC					
SEC0	ND:	The Florida Document number of the limited liability company is: L14000153805	; 				
THIR	<u>D</u> :	Document to be corrected is:					
		ARTICLES OF ORGANIZATION					
	<u>(C</u>	CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEME	<u>ent</u>				
V		Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:					
	ENT	ITITY NAME ON ARTICLE 4 SHOULD BE CORRECTED					
	TO F	READ " GET MOVE-IN HOLDINGS INC."					
	<u>OR</u>						
		is defectively signed. The manner in which the document was defectively signed and the rection are as follows:	e appropriate				
	<u>OB</u>						
\Box /	The s	e electronic transmission of the record was defective.					
\times	z (10-03-2014					
7 Š	natur	ure of Authorized Representative Date					

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

\$30.00 (optional)