

L140000161006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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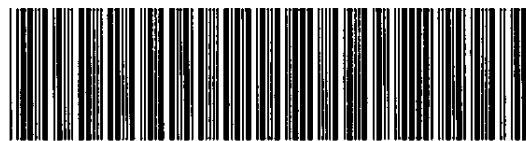
(Business Entity Name)

(Document Number)

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

OCT 24 2014

T. BROWN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VULCAN FIBRE LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOPHER KIM

\_\_\_\_\_  
Name of Person

VULCAN FIBRES LLC

\_\_\_\_\_  
Firm/Company

1700 ADAMS ACRES ROAD

\_\_\_\_\_  
Address

ST AUGUSTINE, FL 32084

\_\_\_\_\_  
City/State and Zip Code

christopher@vulcanrenewables.com

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

For further information concerning this matter, please call:

CHRISTOPHER KIM

904

679-2400

\_\_\_\_\_  
Name of Person

at ( )

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.

**FIRST:** The name of the limited liability company is: VULCAN FIBRE, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000161006

**THIRD:** Document to be corrected is:  
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:

NEED TO CORRECT NAME OF LLC.

FROM : VULCAN FIBRE, LLC

TO : VULCAN FIBRES LLC

PLEASE ADD "S" AT END OF FIBRES

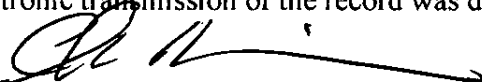
**OR**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☐ The electronic transmission of the record was defective.



OCT 20, 2014

Signature of Authorized Representative

Date

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

FILED  
14 OCT 22 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA