L14000/65708

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COVER LETTER

	ion of Corporations				
SUBJECT:	OMG GARDEN CENTER,	G GARDEN CENTER, LLC			
,	Name of Limited Liability Company				
Dear Sir or Ma	adam:				
The enclosed !	Statement of Correction and fee(s)	are submitted for filin	g.		
Please return a	Il correspondence concerning this	matter to the following	g:		
PEDRO P	MENDEZ				
	Name of Person		_		
LAW OFF	CES OF PETER P. MEN	DEZ			
	Firm/Company	, ,	_		
1622 HILL	CREST STREET				
	Address	-	_		
ORLAND	D, FL 32803				
	City/State and Zip Code		_		
PMENDEZ	Z@MENDEZLAW.COM				
E-mail a	ddress: (to be used for future annu	al report notification)	_		
5					
	ormation concerning this matter, p		/		
PEDRO P	. MENDEZ	at (895.2480 _)		
	Name of Person	Area Code	Daytime Telephone Number		
Registration S Division of Co Clifton Buildi	orporations ng e Center Circle		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 (2/1	4)				

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:___ FIRST: The Florida Document number of the limited liability company is: L14000165708 **SECOND:** THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT 1 Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: THE CITY WHERE LLC IS LOCATED AND THE CITY IN THE ADDRESS OF THE RESIDENT AGENT AND BOTH MANAGERS ARE INCORRECT. THE CORRECT CITY IS ORLANDO. PLEASE MAKE THIS CHANGE IN YOUR RECORDS. <u>OR</u> 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. 10-29-2014 Signature of Authorized Representative Date

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)