

L14000169821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

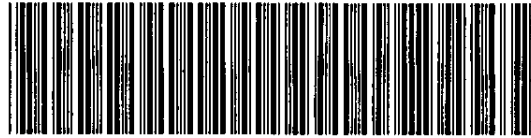
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Shivers NOV 20 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SwingclickUSA

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:

Clinton Whitelaw

Name of Person

SwingclickUSA

Firm/Company

869 S ORANGE AVE APT 201

Address

Sarasota, FL 34236

City/State and Zip Code

clintonwhitelaw@gmail.com

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

For further information concerning this matter, please call:

Clinton Whitelaw

941

330-6925

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: SwingclickUSA

SECOND: The Florida Document number of the limited liability company is: L14000169821

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:

1. Clinton Whitelaw is the Owner Member not Manager Member

2. The new address is: 869 S ORANGE AVE APT 201 SARASOTA, FL 34236

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.

Signature of Authorized Representative

11/5/14

Date

FILED
14 NOV 14 AM 8:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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