

L14000181787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

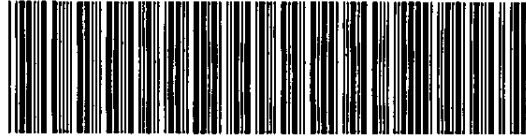
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 24 2015  
C. CARROTHERS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Systematic Innovative Management, 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:

Alan Thomas

Name of Person

Systematic Innovative Management, LLC

Firm/Company

44708 Beechwood Ct, Unit 620

Address

California, MD 20619

City/State and Zip Code

agthomas825@md.metrocast.net

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

For further information concerning this matter, please call:

Alan Thomas

617

823-5861

at (

Name of Person

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:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|

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: Systematic Innovative Management, LLC  
Systematic Innovative Management, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000181787

**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) Shows effective date of 11/24/2014; we are not conducting business until  
2015; the effective date should be 01/02/2015. (2) I should be designated as  
the "member-manager," because I am the primary author & copyright owner, and  
have final decision making authority, as our collaboration agreement stipulates.

**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.

Alan G. Thomas  
Signature of Authorized Representative

March 1, 2015  
Date

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