

12/10/2014 12:59:50 From: To: 8506176383

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA030000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
I.M. BEAKS LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 DEC 10 AM 7:25

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T. HAMPTON

12/10/2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: I.M. Beaks 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:

Larry D. Blust

Name of Person

Hughes, Socol, Piers, Resnick & Dym, Ltd.

Firm/Company

70 W. Madison Street, Suite 4000

Address

Chicago, IL 60602

City/State and Zip Code

lblust@hsplegal.com

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

For further information concerning this matter, please call:

Larry D. Blust

312

604-2672

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:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
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☐ \$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: I.M. Beaks LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000187697

**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:

The corporate name was incorrect and should be: I.M. Beats LLC

and not I.M. Beaks LLC

**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]*  
Signature of Authorized Representative

10 December 2014  
Date

**FILED**  
14 DEC 10 AM 7:25  
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TALLAHASSEE, FLORIDA

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