

L14000192568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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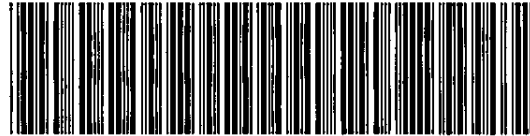
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 APR -3 PM 2:35

C.L.  
4-20-15

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Venus Connection 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:

Dea C. Blair  
Name of Person

The Venus Connection LLC  
Firm/Company

7408 N. ATLANTIC Ave  
Address

CAPE CANAVERAL, FL 32920  
City/State and Zip Code

TheVenus282@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dea C. Blair at ( 321 ) 960-8922  
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 & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**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: The Venus Connection LLC

**SECOND:** The Florida Document number of the limited liability company is: 41400192508

**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:

Address of location has changed to  
7408 N. ATLANTIC Ave. CAPE CANAVERAL, FL 32920  
Need all documents to reflect new address  
to OBTAIN CAPE CANAVERAL city Business licences

**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

3/27/15  
Date

15 APR - 3 PM 2:36

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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