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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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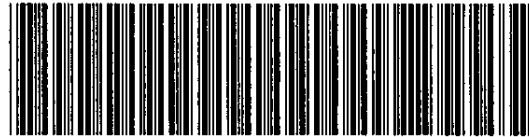
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 11 2015

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dumpsty, 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:

Barbara Coenson

Name of Person

Coenson Law

Firm/Company

1301 S. International Pkwy., Ste. 1041

Address

Lake Mary, Florida 32746

City/State and Zip Code

Barbara@CoensonLaw.com

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Barbara Coenson

407

322-8000

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:

- ☒ \$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: Dumpsty, LLC

SECOND: The Florida Document number of the limited liability company is: L15000012829

THIRD: Document to be corrected is:
Corporate Filing (on-line)

(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:

Name of Registered Agent: Avgikos, David W. (INCORRECT input on-line)

Correction of Name of Registered Agent: Avgikos, David W.

Name of AMBR: Avgikos, David W. (INCORRECT input)

Correction of Name of AMBR: Avgikos, David W.

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.

Barbara Ciesman
Signature of Authorized Representative

01/30/2015
Date

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

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CLERK OF STATE
TALLAHASSEE FLORIDA