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TO:	Registration Section Division of Corporations		,			
SUBJE	ECT: Fartitude Five, L			Five	Proketion, 1	LC
	N	ame of Limited Lia	bility Company		•	
Dear Si	ir or Madam:					
The end	closed Statement of Correction and fee(s) ar	re submitted for filin	og.			
Please return all correspondence concerning this matter to the following:						

Mark Troy Bohrer Name of Person
Fortitude Five Protection, uc
6550 St. Augustine Rd. #101
Jacksanville FL 32217 City/State and Zip Code
E-mail address: (to be used for future armual report notification)

2015 JAN 29 PH 4: 41

For further information concerning this matter, please call:

Mark	"Troy"	Bohrer	at (_904)	219-4307
	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:

\Box	¢25	Filing	Eee.	
ч	322	riling	ree	

□ \$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	t 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: Fortifude Five, LC
SECON THIRD	
	(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 was filed as Fornitude Five, LLC.
-	However, it should be Fortitude Fire
-	Protection, LLC. I omitted "Protection"
- اد	
	From the name in error + am paying fce. Please change to "Fortitude the Protection, UC" Thank you.
,	Thank you.
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
-	
_	ia. No
	HASSE SE
9	OR Property of the second seco
	The electronic transmission of the record was defective.
	Muk July Byk 1-28-2015 nature of Authorized Representative Date
oign	Date

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)