

L15000021173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

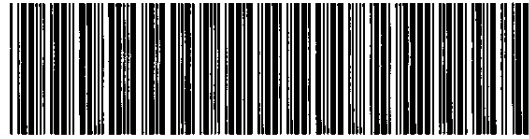
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 17 2015

T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEAMLAND REALTY 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:

NAUMAN SALIM

Name of Person

DREAMLAND REALTY LLC

Firm/Company

4121 E BUSCH BLVD APT 602

Address

TAMPA FLORIDA 33617

City/State and Zip Code

naumantahir2015@gmail.com

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

For further information concerning this matter, please call:

NAUMAN SALIM

317

847-3669

Name of Person

at (

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 |
|---|---|--|--|

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: DEAMLAND REALTY LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000021173

**THIRD:** Document to be corrected is:

~~NAME OF LLC~~ 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:

INCORRECT NAME " DEAMLAND REALTY LLC"

THE CURRENT REGISTERED NAME OF LLC IS " TYPO " ERROR

THE NAME SHOULD BE WRITTEN AS

" DREAMLAND REALTY 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

02/04/2015

Date

**FILED**  
15 FEB -9 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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