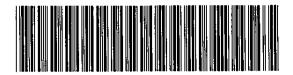
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FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

(City, State, Zip)

(Phone #)

## CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

Trademark

Other

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	æloń Name)	(Document #)
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Mail out	Will wait Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit	& Amendment/correction	
NonProfit	Resignation of R.A., Officer/	Director
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
	REGISTRATION/	
OTHER FILINGS	QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	
Name Reservation	Reinstatement	
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Examiner's Initials

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FIRST:	The name of the limited liability company is: $BL_1$		
SECOND:	The Florida Document number of the limited liabili	ty company is: <u>[15000026</u>	245
THIRD:	Document to be corrected is:		
. [:	THE NAME OF THE LIABILITY COMPA	vy	
, (CI	HECK THE APPROPRIATE BOX AND COMPLETE	THE APPLICABLE STATEM	<u>IENT</u>
	ins an incorrect statement. The incorrect statement, ted statement are as follows:	he reason the statement is inco	rrect, and the
BL	ACK -KNIGHT HERON LLC		-
· · · <u> </u>	HE NAME SHALL BE BLACK NIGHT HERO	V LLC	_
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. Join	Raman	2-18-15	_
- Signature	of Authorized Representative	Date	

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)

CR2E062 (2/14)

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