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COVER LETTER

TO:

Registration Section
Division of Corporations

Preldue Pictrues Entertainment Group, 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:

Daniel de Liege

Name of Person

Preldue Pictrues Ent. Group, LLC

Firm/Company

3412 Collonade Dr

Address

Wellington, FL 33449

City/State and Zip Code

daniel@preludepictures.com

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

For further information concerning this matter, please call:

Daniel de Liege

,,561 \,2

214-1053

Name of Person

Area Cod

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

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STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursua	ant to section 605.0209, F.S., this document is being submitted to correct a previously filed docume	nt.
FIRS'I	The name of the limited liability company is: Preldue Pictrues Entertainment Group, LLC	
<u>SECO</u>	The Florida Document number of the limited liability company is: L15000042	667
<u>THIR</u>	Document to be corrected is: Articles of Organization	
√	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and corrected statement are as follows: The name of the company contains two typos	
	The actual name should be: PRELUDE PICTURES ENTERTAINMENT GRO NOT Preldue Pictrues	UP
	Was defectively signed. The manner in which the document was defectively signed and the approcorrection are as follows:	priate
 	OR The electronic transmission of the record was defective	
⊔ ∕⊃	The electronic transmission of the record was defective. MgK Member 3-24-15	
Sig	gnature of Authorized Representative Date	

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)