

L15000043271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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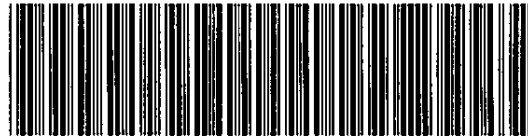
(Business Entity Name)

(Document Number)

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FILED  
15 MAR 23 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DUNBLANE CARLISLE INVESTMENTS, 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:

**BRIAN EASTMAN**

Name of Person

**SAFEGUARD ADVISORS, LLC**

Firm/Company

**1800 BLANKENSHIP RD, STE 200**

Address

**WEST LINN, OR 97068**

City/State and Zip Code

**NEWACCOUNTS@IRA123.COM**

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

For further information concerning this matter, please call:

**BRIAN EASTMAN**

**877**

**229-9763**

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

**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: DUNBLANE CARLISLE INVESTMENTS  
DUNBLANE CARLISLE INVESTMENTS, LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000043271

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

THE STREET ADDRESS OF; PRINCIPAL OFFICE, MAILING ADDRESS,  
REGISTERED AGENT AND MANAGERS IS MISSPELLED.  
THE CORRECTED SPELLING IS: "1095 SCHERER WAY"

**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.

FILED  
15 MAR 23 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_  
*[Signature]* 3/19/15  
Signature of Authorized Representative Date

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