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UL 10 MM T. HAMPTOM

COVER LETTER

Division of Corporations		
SUBJECT: Treasure Horida Real ESTAte, 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:		
Liza Fellman Name of Person		
Treasure Florida Real ESTAte, LLC Firm/Company		
12SI SE Ladner Street Address		
Port St. Lucie, Fl 34983 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Li 2A Fellman at (984) SY9-S942 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 & \$\$55 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy		

CR2E062 (2/14)

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

Pursua	int to section 605.0209, F.S., this document is being submitted to correct a previously filed document.
<u>FIRST</u>	The name of the limited liability company is:
	Treasure Florida Real Estate, LLC
<u>SECO</u>	ND: The Florida Document number of the limited liability company is: 1500058/02
<u>THIR</u>	D: Document to be corrected is: Articles of organization name of copapany not all one word.
	(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:
	Company name Should be separated Not
	all one word. Currently it shows:
	Treasure floridarealestate, ILC but should be:
	Treasure Florida Real Estate, LLC.
	<u>OR</u>
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
	<u>₹8</u> 5
	CR JU TI
	OR The electronic transmission of the record was defective.
	The electronic transmission of the record was defective.
	(0/30/15
Sig	mature of Authorized Representative Date

Filing Fee: Certified Copy:

\$25.00 \$30.00 (optional)