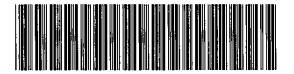
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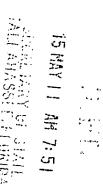
(Re	questor's Name)			
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COVER LETTER

	on of Corporations		•	
SURIFCT:	THE SISTERS INCHARG	E		
Sebect		Name of Limited Liability Company		
Dear Sir or Ma	dam:			
The enclosed S	statement of Correction and fee(s)	are submitted for filing	3.	
Please return a	ll correspondence concerning this	matter to the following	3:	
WALESKA	LOPEZ			
	Name of Person		-	
	Firm/Company		-	
1836 FOX	HALL CIRCLE		_	
	Address			
KISSIMME	EE, FL. 34741			
	City/State and Zip Code		-	
LOPEZWA	LESKA@HOTMAIL.COM	1		
E-mail a	ldress: (to be used for future annu	al report notification)	-	
For further inf	ormation concerning this matter, p	olease call:		
WALESKA	LOPEZ	407 at (968-0008	
	Name of Person	Area Code	Daytime Telephone Number	
Registration S Division of Co Clifton Buildin	rporations 1g e Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a	check for the following amount:			
• \$25 Filing l	Fee \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy	
CR2E062 (2/1	4)			

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. The name of the limited liability company is: $_$ FIRST: PROPERTY SOLUTIONS OF CENTRAL FLORIDA, L.L.C. The Florida Document number of the limited liability company is: **SECOND:** THIRD: Document to be corrected is: L15000072435 (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 LLC CORPORATION'S NAME WAS INCORRECT. THE WORD INCHARGE WAS ENTERED INCORRECTLY. THE NAME SHOULD BE AS FOLLOW: THE SISTERS IN CHARGE PROPERTY SOLUTIONS OF CENTRAL FLORIDA, L. L. C. <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: CH <u>OR</u> The electronic transmission of the record was defective. 04/30/2015 Signature of Authorized Representative Date

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)