## L15000093305

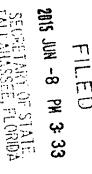
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## COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	ISOL CONSULLTNG, LLC	,	
3007ECT	Name of Lim	ited Liability Company	
Dear Sir or Mada	am:		
The enclosed Sta	atement of Correction and fee(s) a	are submitted for filing	
Please return all	correspondence concerning this	matter to the following	3;
Don Burleson	· · · · · · · · · · · · · · · · · · ·		
Name of Person	)		
Interact Consul	ting, LLC		
Firm/Company	<u> </u>		
5637 Wellfield	Rd		
Address	,		
New Port Riche	y, FL 34655		
City/State and Z	ip Code		
don@interact.s	solutions		
E-mail address:	(to be used for future annual repo	ort notification)	
For further infor	mation concerning this matter, pl	ease call:	
Don Burleson	at ( 239	) 322-8686	
Name o	f Person Area Code	e Daytime Telephon	e Number
Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, Flor	cion prations Center Circle	•	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a che ☐ \$25 Filing Fee	eck for the following amount: ☑ \$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 flied document.

FIRST: The name of the limited liability company is: ISOL CONSULLTNG, LLC	
SECOND: The Florida Document number of the limited liability company is:	L15000093305
THIRD: Document to be corrected is:	
The certification for Articles of Organization	
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	<u>ATEMENT</u>
☑ Contains an incorrect statement. The incorrect statement, the reason th corrected statement are as follows:	e statement is incorrect, and the
noticed a typing error in this. It should read ISOL CONSULTING, LLC and not	ISOL CONSULLTNG, LLC.
	_
<u>OR</u>	
☐ Was defectively signed. The manner in which the document was defectiv correction are as follows:	ely signed and the appropriate
<u>OR</u>	
The electronic transmission of the record was defective.	6/1/15
Signature of Authorized Representative	/ Nate

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)