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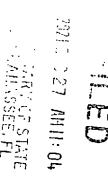
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(Business Entity Name)						
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## **←** COVER LETTER

TO	<b>4</b> *··	COVER LETTER			pls. See back	
TO:		istration Section ision of Corporations			1	
SUBJ	ECT:	Alephista, LLC	nitad Liah	ility Company		
		Trume (ii Lii	inco siac	mily company		
Dear S	Sir or M	ladam:				
The en	closed	Statement of Correction and fee(s) are submitte	d for film	r		
Please	reluin	all currespondence concerning this matter to the	following	g.		
Stank.	ı Mosk			_		
		Name of Person				
Aleph	ista. L	LC		-		
		Firm/Company				
22593	NW 47	Place				
		Address		-		
Gaine	sville,	FI 32605				
		City/State and Zip Code		-		
smuskov@bellsouth,net						
	-mail	address: (to be used for future annual report noti	tication)	-		
For für	rther is	oformation concerning this matter, please call:				
Stank:	Mosk	.ov 95	4	741-3898		
			Area Code	Daytime Telephone Number		
	Reg Div P.C	ling Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclo	sed is :	check for the following amount:				
■\$25 Filing Fee □ S30 Filing Fee & □\$55 Filing Fee & □ Certificate of Status Certified Copy				☐ \$60 Filing Fee, Certificate of Status & Certified Copy		
CROE	062 (9.	15)				

## 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 Alephista, LLC FIRST: The name of the limited liability company is. The Florida Document number of the limited liability company is: SECOND: New Address Listed THIRD (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 listed address of 3324 W University Ave. #314Gainesville, FL 32607 is no longer accurate. So is the initial address of 4930 NW 50 Str., Ft. Lauderdale, Fl 33351 The only address for this business should be 2259 NW 40 Place, Gainesville, Fl 32605 OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR. Lucker HGPM
Signature of Authorized Representative

Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the r nevery accept the appointment as registered agent and agree to act in this capacity. I flurther agree to comply with the provisions of all statutes relative to the proper and complete performance of my daties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. O), if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been confied in writing of this change.

Registered Agent's Signature

Filing Fee: Certified Copy: \$25.00

\$30,00 (optional)