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NAME: ALLURE DEVELOPMENT GROUP LLC

TYPE OF FILING: CORRECTION

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COVER LETTER

	Cegistration of						
SUBJEC'	r: Allu	re Dev	elopment Group L	LC			
3011,120	Name of Limited Liability Company						
Dear Sir o	ır Madan	1:					
The enclo	sed State	ment of	Correction and fee(s) are	submitted for filing	<u>.</u>		
Please ret	um all co	огтеѕропо	dence concerning this ma	nter to the following	; :		
Nicolas	Livsit						
			Name of Person		-		
Allure I	Develo	pment	Group LLC				
			Firm/Company		-		
24044	Cinco '	Village	Center Blvd, Suite	∋ 100			
			Address		-		
Katy, T	X 7749	94					
		City	State and Zip Code		-		
nicolive	sit@me	e.com					
E-n	nail addre	ess: (to b	e used for future annual i	report notification)	-		
For furth	er inform	ation cor	scerning this matter, plea	ase call;			
Sofia Y	/ague			786	2	92-1599	
	1	Name of I	erson	at (at Code	_'	92-1599 Daytime Telephone Number	
STREET Registrati Division Clifton B 2661 Exe Tallahass	ion Section of Corpo- wilding scutive Co- see, Florid	on rations enter Cir da 32301	cle		MA Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314	
Enclosed	l is a che	ck for th	e following amount:				
\$25 F	iling Fee		S30 Filing Fee & Certificate of Status	S55 Filing Fee Certified Copy	&	Sou Filing Fee, Certificate of Status & Certified Copy	

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursua	ant to se	ction 605.0209, F.S., this document is being submitted	I to correct a previously filed docu	iment.					
FIRS	F: The n	ame of the limited liability company is: Allure Deve	elopment Group LLC						
ring	<u>z</u> . the n	une of the firmed habitity company is.							
SECOND: The Florida Document number of the limited liability company is: L150001490				32					
THIR									
		(CHECK THE APPROPRIATE BOX AND COM	PLETE THE APPLICABLE ST	ATEMENT					
		tains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected ment are as follows:							
	BL	cipal address, mailing address and manager addresse. VD 1000 KATY, TX 77494. The corrected principal 44 Cinco Village Center Blvd, Suite 100, Katy TX 7	address, mailing address and mai	AGE CENTER nager addresses is					
	<u>OR</u>		, , , , , , , , , , , , , , , , , , ,						
	Was o	defectively signed. The manner in which the docume lows:	nt was defectively signed and the	6-6					
				99 <u> </u>					
	<u>OR</u>			71× 648					
	The c	electronic transmission of the record was defective.							
	Nic	olas Livsit	9/9/	2015					
		Signature of Authorized Representative	Date						
		new registered agent, if applicable :(NOTE: if correct designation).	ing the registered agent, the new re	egistered agent must sign					
l here provis obliga reflec	by acce _l xions of utions of	ed Agent's Signature, if changing Registered Agent: of the appointment as registered agent and agree to a all statutes relative to the proper and complete perfor imposition as registered agent as provided for in Cl ge in the registered office address, I hereby confirm to	mance of my duties, and 1 am fam apter 605, F.S. Or, if this docume	iliar with and accept the ont is being filed to merely					
Registered Agent's Signature									
		Filing Fee: Certified Conv	\$25.00 \$30.00 (optional)						