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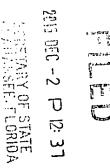
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COVER LETTER

TO: Registration Section Division of Corporations Yecholet Training & Consulting 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: **David Kerr** Name of Person **High Point Realty** Firm/Company 413 Cleveland St Clearwater, FL 33755 City/State and Zip Code davidkerr2009@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David Kerr Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

\$55 Filing Fee &

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\$30 Filing Fee & Certificate of Status

\$60 Filing Fee,

Certificate of Status & Certified Copy

CR2E062 (9/15)

\$25 Filing Fee

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.

<u>RST</u> : The	name of the limited liability company is: Yecholet Cor	sulting & Training LLC
ECOND: HIRD:	The Florida Document number of the limited liability compound to be corrected is: Name and Address	oany is: L15000198052 ss #1 - ARticles it organizati
	(CHECK THE APPROPRIATE BOX AND COMPLETE	THE APPLICABLE STATEMENT
	ntains an incorrect statement. The incorrect statement, the reaso ement are as follows:	n the statement is incorrect, and the corrected
M	GRM is stated as Alberto Kattan. Needs to	be deleted and changed to:
М	GRM, Ella Ben-Nahum Shner, PO Box 3	7020, Tel Aviv, IL, 61369, IL
OR		
	s defectively signed. The manner in which the document was diollows:	efectively signed and the appropriate correction are
The	e electronic transmission of the record was defective.	
_	Signature of Authorized Representative	Date
	f new registered agent, if applicable :(NOTE: if correcting the rate designation).	egistered agent, the new registered agent must sign
ew Regist hereby ac- rovisions of bligations	tered Agent's Signature, if changing Registered Agent: cept the appointment as registered agent and agree to act in this of all statutes relative to the proper and complete performance of of my position as registered agent as provided for in Chapter 6 ange in the registered office address, I hereby confirm that the l	of my duties, and I am familiar with and accept the G5, F.S. Or, if this document is being filed to merely imited liability company has been notified in writing
	Registered Agent's Sign	ature

Certified Copy:

\$30.00 (optional)