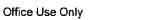
LIL 0000 54552

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

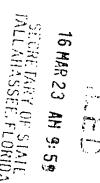




200283591212

03/23/16--01027--005 **25.00

MAR 2 4 2016 J SHIVERS



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Bethel Creations 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:				
Ashish M Varghese				
Name of Person				
Bethel Creations LLC				
Firm/Company				
138 Bluestone River Way				
Address				
St. Augustine FL 32092				
City/State and Zip Code				
visualmediaconsultant@gmail.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Ashish M V		904	3669474	
	f Person	at () Area Code	Daytime Telephone Number	
Registration Section Division of Corporations Clifton Building			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314	
Enclosed is a check for the following amount:				
■ \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	
CR2E062 (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. FIRST: The name of the limited liability company is: Bethel Creations LLC L16000054552 SECOND: The Florida Document number of the limited liability company is: Article of Organization 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: <u>OR</u> X Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: "Article IV" Please add the following personnel as Authorized persons to manage the LLC. DO NOT REMOVE Mary Varghes Ashish Varghese, Title: CEO Founder/Owner, 138 Bluestone River Way, St. Augustine FL. John T. Botu, Title: COO, 600 Andrew Avenue, St. Augustine, Florida 32086 USA OR The electronic transmission of the record was defective.

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)