## 46 0000 46737

(Re	questor's Name)					
(Ad	dress)	<del></del>				
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
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(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
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## COVER LETTER

	TO: Registration Section Division of Corporations					
SUBJECT: Gascon Enterprises, LLC						
		N	ame of Limited Liabi	lity Company		
Dear Sir or M	Madam:					
The enclosed	d Statement	of Correction and fee(s) ar	e submitted for filing			
Please return	all correspo	ondence concerning this m	atter to the following:			
Gary	I. Nes	sbitt				
	<del></del>	Name of Person				
Syne	rgin, L	.LC				
		Firm/Company				
4000 Hollywood Blvd, Suite 500N						
		Address				
Holly	wood	FL 33021				
	C	ity/State and Zip Code				
gnesbitt@phillipslawyers.com						
E-mail	address: (to	be used for future annual	report notification)			
For further information concerning this matter, please call:						
Gary	I. Nes	bitt	<sub>at</sub> 954	966-1820		
	Name o	f Person	Area Code	Daytime Telephone Number		
Registration Section Division of Corporations Clifton Building				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:						
s25 Filir	ng Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee of Certified Copy			
CR2E062 (9	7/15)					

## 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.

Registered Agent's Signature  Filing Fee: \$25.00				
New R I hereb provisi obligat reflect	are of new registered agent, if applicable: (NOTE ng the designation).  egistered Agent's Signature, if changing Registered y accept the appointment as registered agent and cons of all statutes relative to the proper and comptions of my position as registered agent as provide a change in the registered office address, I hereby change.	ed Agent: agree to act in this capacity. lete performance of my dutie d for in Chapter 605, F.S. O	. I further agree to comply with the es, and I am familiar with and accept the br, if this document is being filed to merel	
Cianati	Signature of Authorized Representatives of new registered agent, if applicable (NOTE		Date	
	Mylan		6/13/16	
П	OR  The electronic transmission of the record was de	fective.	#12:24 FLORID	
			S 5 5	
	OR Was defectively signed. The manner in which that follows:	ne document was defectively	signed and the appropriate correction ar	
	FL 33496	······································		
	The correct principal address is	: 5030 Champion E	Blvd, G11, Boca Raton	
	The principal address on the original Article	s of Organization is incor	rect in that a zero was omitted.	
	Contains an incorrect statement. The incorrect statement are as follows:	tatement, the reason the state	ement is incorrect, and the corrected	
	(CHECK THE APPROPRIATE BOX A	ND COMPLETE THE AP	PLICABLE STATEMENT	
<u>THIRI</u>	Article	s of Organization		
SECO		nited liability company is:	_16000066737	
FIRST	The name of the limited liability company is:	doon Emorphoo	<u> </u>	