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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

Division of Cor					
SUBJECT: TELE	PHORUS H	HOLDING	S, LLC		
SUBJECT:		ame of Limited Liab			
Dear Sir or Madam:					
The enclosed Statement	of Correction and fee(s) a	e submitted for filing	<b>;.</b>		
Please return all correspo	ondence concerning this m	atter to the following	:		
GREGORY	S. OROPE	ZA, ESQ.			
SMITH OR	OPEZA HA	WKS			
	Firm/Company		•		
138-142 SI	MONTON S	STREET			
etm.lac@g	T, FL 33040  ty/State and Zip Code  mail.com  be used for future annual	report notification)			
Gae Ganist		at (305	296-7227	2018 NAY 12 SECRETARY TAPLAHASSE	T
Name o	f Person	Area Code	Daytime Telephone Number	THE TO	
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3236	ircle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	5 12: 50 FLORIDA	-
Enclosed is a check for	the following amount:				
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee Certified Copy	& S60 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: TELEPHORUS HOLDINGS, LLC The Florida Document number of the limited liability company is: <u>L</u>16000086181 **SECOND:** Document to be corrected is: ARTICLES 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: The name of the IIc was filed incorrectly. The name should be: TELESPHORUS HOLDINGS, LLC <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. 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 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: \$25.00

Certified Copy:

\$30.00 (optional)

CR2E062 (9/15)