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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
(Only-State) Liph Notice hy					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Document Number)					
Certified Copies Certificates of Status					
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COVER LETTER

	ration Section on of Corporations						
SUBJECT:	ClickOff Digitial,	LLC					
	Name of Limited Liability Company						
Dear Sir or Ma	dam:						
The enclosed Statement of Correction and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Joe Pir	es.CFP						
	Name of Person	· · · · · · · · · · · · · · · · · · ·					
National Accounting & Management Services, Inc.							
·	Firm/Company						
650 North Lake Blvd. Ste. 530							
	Address						
Altamonte Springs, FL 32701							
City/State and Zip Code							
wayorivero@gmail.com							
E-mail address: (to be used for future annual report notification)							
For further info	rmation concerning this matter, ple	ase call:					
Joe Pir	es.CFP	407)	8695766				
	Name of Person	Area Code	Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:							
\$25 Filing F	ee \$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.

<u>FIRST</u>	: The nar	e of the limited liability company is: ClickOff	Digitial, LLC					
SECOND: THIRD:		The Florida Document number of the limited liabil Document to be corrected is:	ity company is: L16000121 ticles of Organization	181 for LLC				
	<u>(C</u>	HECK THE APPROPRIATE BOX AND COM	PLETE THE APPLICABLE ST	ATEMENT				
х	stateme	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:						
		ClickOff Digitial, LLC is the INCORRECT name.						
	Click	ClickOff Digital, LLC is the CORRECT name.						
	OR Was de as follo	ectively signed. The manner in which the documents:	nt was defectively signed and the a	ppropriate correction are				
	OR The ele	tronic transmission of the record was defective. Signature of Authorized Representative	— HX	PM 3: 2076				
Signatur acceptir	re of nev ng the de	registered agent, if applicable :(NOTE: if correcti ignation).	ng the registered agent, the new re	gistered agent must sign				
I hereby provisio obligati	ons of all ons of m ons of m change	Agent's Signature, if changing Registered Agent: he appointment as registered agent and agree to acstatutes relative to the proper and complete perform position as registered agent as provided for in Chin the registered office address, I hereby confirm the	nance of my duties, and I am famil apter 605, F.S. Or, if this documen	iar with and accept the t is being filed to merely				
Registered Agent's Signature								
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)					