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COVER LETTER • •

	gistration Sec vision of Corp		• •	**************************************
		. UNO INVEST LLC		•
SUBJECT:			ame of Limited Liabil	ity Company
Dear Sir or l	Madam:			
The enclose	d Statement o	of Correction and fee(s) ar	e submitted for filing.	
Please return	n all correspo	ndence concerning this m	atter to the following:	
MARSH	A SIHA			
		Name of Person		
INCFILE	.COM LLC	;		
		Firm/Company		
17350 S	TATE HW	Y 249 SUITE 220		
		Address		
HOUST	ON TX 770	064		
	Ci	ty/State and Zip Code		
E-mail	address: (to	be used for future annual	report notification)	
For Combon 2	£	in-a this matter ula	nao an'ila	
MARSH		oncerning this matter, plea	888	462-3453
	Name o	f Person	at () 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:		
s25 Filin	ng Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	& S60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

STATEMENT OF CORRECTION **FOR**

i	ι	STATEMENT OF CORRECTION
		FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY.
-		FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY 20/6 AUG /2 PM 2: 6 cetion 605.0209, F.S., this document is being submitted to correct a previously filed document. CAPITAL UNO INVEST LLC
er co	MID.	L16000132264
SECO THIR		The Florida Document number of the limited liability company is: ARTICLES OF ORGANIZATION Document to be corrected is:
		(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
×	stater	ains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected ment are as follows: TICLE IV WAS FILED AS AMBR
	SHO	OULD BE MANAGER
		defectively signed. The manner in which the document was defectively signed and the appropriate correction are llows:
	<u>OR</u>	
	The 6	electronic transmission of the record was defective.
		Signature of Authorized Representative Date
_		new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign designation).
I herei provis obliga reflect	by acce ions of tions of	red Agent's Signature, if changing Registered Agent: pt the appointment as registered agent and agree to act in this capacity. I further agree to comply with the all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the f my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely see in the registered office address, I hereby confirm that the limited liability company has been notified in writing e.

Registered Agent's Signature

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)