117000126058

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O SIMMONS JUN 1 4 2017

COVER LETTER

Division of Corporations					
SUBJECT: CTAA 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 ma	atter to the following:				
GRAHAM C LARMER					
Name of Person					
LARMCO INTERNATIONAL CO	ONSULTING				
Firm/Company					
7711 N. MILITARY TRA	AIL				
Address					
PALM BEACH GARDENS,	FL 33410				
City/State and Zip Code					
GLARMER@AOL.COM					
E-mail address: (to be used for future annual r	eport notification)				
For further information concerning this matter, please	se call:				
GRAHAM C LARMER	₃₇ 561 \ 385-2657				
Name of Person	Area Code Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section				
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
\$25 Filing Fee \$\times \$30 Filing Fee & Certificate of Status	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy				

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		ection 605.0209, F.S., this document is being submit		•
<u>FIRS'</u>	<u>r</u> : The r	name of the limited liability company is: CTAA	LLC	,
SECC		The Florida Document number of the limited lia Document to be corrected is: ARTICLES	bility company is: L17000126058 OF ORGANIZATAION	
THIR	_			
		(CHECK THE APPROPRIATE BOX AND CO	••	
X		ains an incorrect statement. The incorrect statement nent are as follows:	, the reason the statement is incorrect, and the c	corrected
	TH	E MIDDLE INITIAL OF THE MAN	AGING MEMBER IS INCORRE	ECT.
	THE	CORRECT NAME OF THE MANAGING	MEMBER IS "CHARLES T ANZALO	ONE."
	THE	INCORRECT MIDDLE INITIAL SUBMITTED IN THE	ORIGINAL ARTICLES OF ORGANIZATIONS W	AS "A."
	<u>OR</u>			
	as fol	defectively signed. The manner in which the documents:	nent was defectively signed and the appropriate Signed Appropriate	
 1	<u>OR</u>	la de colo de constituir de la constitui	े र्क	
	ine e	Signature of Authorized Representative	6/9/2017 Date	
		new registered agent, if applicable :(NOTE: if correddesignation).	cting the registered agent, the new registered ag	gent must sign
I herel provis obliga reflect	by acceptions of tions of	ed Agent's Signature, if changing Registered Agent of the appointment as registered agent and agree to all statutes relative to the proper and complete perful my position as registered agent as provided for in age in the registered office address, I hereby confirm in the confirm of the confirm in the confirmation in the	act in this capacity. I further agree to comply v ormance of my duties, and I am familiar with a Chapter 605, F.S. Or, if this document is being j	nd accept the filed to merely
		Registered Ag	ent's Signature	
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	