

Florida Department of State
 Division of Corporations
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(((H17000208166 3)))



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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : SUPERBIZ.COM, INC.
 Account Number : 120070000160
 Phone : (800)494-3124
 Fax Number : (305)675-2811

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 EAST COAST INVESTIGATION & SECURITY SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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 2017 AUG -7 PM 4:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. SCOTT
 AUG 8 2017

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

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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: EAST COAST INVESTIGATION & SECURITY SERVICES, LLC

SECOND: The Florida Document number of the limited liability company is: L17000166769

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION

CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

[x] Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

ARTICLE IV - LLC MEMBERS: INCORRECTLY LISTS THREE (3) MEMBERS
ARTICLE IV - LLC MEMBERS: SHOULD CORRECTLY LIST ONE (1) MEMBER
JOSEPH F LABELLA, 1450 OLD CYPRESS TRAIL, WELLINGTON, FL 33414

OR

[] Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

[Blank lines for description of defectively signed document]

OR

[] The electronic transmission of the record was defective.

Signature of Authorized Representative: [Handwritten Signature]

AUGUST 04, 2017
Date

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)

H17000208166 3