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PICK-UP	MAIT	MAIL	
(Business Entity Name)			
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Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			





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D. SCOTT NOV . 6 2017

## **COVER LETTER**

TO: Registration Se Division of Co				
SUBJECT:GL	OBAL TRE	AD LOGIS Same of Limited Liabili	STICS LLC ty Company	<u> </u>
Dear Sir or Madam:				
The enclosed Statement	of Correction and fee(s) a	re submitted for filing.		
Please return all corresp	ondence concerning this n	natter to the following:		
MICHAE 2463 Pi	Name of Person  HMADDRE Firm/Company	ERT DRIVE		
GTIDGIST	Address  SIPNID FL  ity/State and Zip Code  IC O GMA  be used for future annual	23735 2. CDM report notification)		ZST MOV - 3
For further information concerning this matter, please call:  MCHAEL HIBSERT  954 629 9130  Name of Person  at (954) 629 9130  Area Code Daytime Telephone Number				
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 323	Sircle	Ro D P.	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
Enclosed is a check for the following amount:				
S25 Filing Fee	S30 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 FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	ection 605.0209, F.S., this document is being subn	· · · · · · · · · · · · · · · · · · ·			
FIRST: The	name of the limited liability company is: <u>CLO</u>	DAL TACKS WONTON LAC			
SECOND: THIRD:	The Florida Document number of the limited lead to be corrected is: ARTICLES	OF DEGANIZATION			
		ont, the reason the statement is incorrect, and the corrected			
	Ment are as follows:  R NAME CORRECTION (  R ADDRESS " 4-20 MIA	NW 105 TH STREET  MI FL 33150			
□ Was	defectively signed. The manner in which the doct llows:	iment was defectively signed and the appropriate correction are			
		ZAL AHA			
OR The	electronic tempolissisch of the repord was defective	10 30 30 17			
Signature of accepting the	new registered agent, if applicable :( NOTE: if corr	recting the registered agent, the new registered agent must sign			
I hereby acce provisions of obligations of	all statutes relative to the proper and complete per my position as registered agent as provided for it ge in the registered office address, I hereby confir	o act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept the Chapter 605, F.S. Or, if this document is being filed to merely m that the limited liability company has been notified in writing			
	Registered Agent's Signature				
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			