## L17606 236691

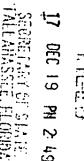
(Requestor's Name)						
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## COVER LETTER

TO:	Registration So Division of Co			
SUBJE	CT:	ALLY HR	IX LLC	
	<u></u>		Jame of Limited Liabili	ty Company
Dear S	ir or Madam:			
The en	closed Statement	of Correction and fee(s) a	re submitted for filing.	
Please	return all corresp	ondence concerning this m	natter to the following:	
	Brian P	incket		
		Name of Person		
	MatrixC	neSource		
	<del></del>	Firm/Company		
•	9016 PI	nilips Hwy.		
		Address		
	Jacksor	nville, FL 322	256	
	(	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
bpi	ncket@	matrixonesc	urce.com	
•		be used for future annual		
For fur	ther information	concerning this matter, ple	ase call:	
	Brian P	incket	904	739-2722
	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	
Enclos	ed is a check for	the following amount:		
\$25	Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee. Certificate of Status & Certified Copy
connec	62 (0/15)			

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 na	me of the limited liability company is:	LLY HR IX LLC	
SECO THIRI		The Florida Document number of the limited  Document to be corrected is: Articles		236691
	(0	CHECK THE APPROPRIATE BOX AND C	COMPLETE THE APPLICABLE	<u>STATEMENT</u>
X		ns an incorrect statement. The incorrect statement are as follows:	ent, the reason the statement is incor	rect, and the corrected
	Artic	cle IV - The name and address	of the person authorize	d to manage
	and	control the Limited Liability Con	npany: Title: AMBR. Nam	ne & Address:
,	Ally	HR Group II, Inc., 9016 Phi	lips Hwy., Jacksonvill	e, FL 32256
	<u>OR</u>			
	Was de	efectively signed. The manner in which the doc ows:	cument was defectively signed and th	ne appropriate or rection are
				19 E
	<del></del>			75 <b>2</b> U
	<u>OR</u>			2: 49 Rib&
	The ele	ectronic transmission of the record was defective	1. 1. A 12	-18-17
	-	Signature of Authorized Representative	Date	
		w registered agent, if applicable :( NOTE: if co esignation).	rrecting the registered agent, the new	v registered agent must sign
I hereb provisi obligat reflect	y accept ons of al	Agent's Signature, it changing Registered Ag the appointment as registered agent and agree It statutes relative to the proper and complete p my position as registered agent as provided for in the registered office address, I hereby confi-	to act in this capacity. I further agre erformance of my duties, and I am fa	miliar with and accept the
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	