118000163668

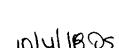
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COVER LETTER

TO: Registration : Division of C			
SUBJECT: MUI	LTI-PRODUC	CT CONSU	JLTING, LLC
	1	Same of Limited Liabil	ity Company
Dear Sir or Madam:			
The enclosed Statemen	nt of Correction and fee(s) a	re submitted for filing.	
Please return all corre	spondence concerning this n	natter to the following:	
VLADIMIF	RIOFFE		
	Name of Person		
	Firm/Company		
5125 CEDAR	SPRINGS DR, UN	IIT 202	
	Address		
NAPLES,	FL 34110		
	City/State and Zip Code		
vlad ioffe	@yahoo.com	1	
• • • • • • • • • • • • • • • • • • • •	to be used for future annual		
For further information	n concerning this matter, ple	ase call:	
Vlad loffe		647	286-5353 Daytime Telephone Number
Nam	e of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		R D P	AAILING ADDRESS: egistration Section division of Corporations O. Box 6327 allahassee, Florida 32314
Enclosed is a check for	or 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
CR2E062 (9/15)			

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuan	to section 605.0209, F.S., this document is being submitted to correct a previously filed document. The name of the limited liability company is: MULTI-PRODUCT CONSULTING, LLC				
SECON	The Florida Document number of the limited liability company is: L18000163668				
THIRD	Afficies of Organization				
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT				
×	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:				
	RA name was incorrectly changed from loffe to LOFFE during filing when FL converted to all caps during filing.				
The last name starts with a capital I (not an L).					
	Change RA Name to: VLADIMIR IOFFE and MGR NAME OR ANYWHERE ELSE IT Affects OR ANYWHERE ELSE IT AFFECTS WITH AN """	9 (·.			
A	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: The Registered Agent signature was also changed from a capital I to a capital L during submission of the form on the FL website.				
	Change the RA Signature to VLADIMIR IOFFE				
	<u>OR</u>				
	The electronic transmission of the record was defective.				
	Signature of Authorized Representative Susan Engle Date				
	e of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign g the designation).				
I hereb provisio	gistered Agent's Signature, if changing Registered Agent: accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ns of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the ons of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely change in the registered office address, I hereby confirm that the limited liability company has been notified in writing hange. Registered Agent's Signature				
	Filing Fee: \$25.00				
	Certified Copy: \$30.00 (optional)				