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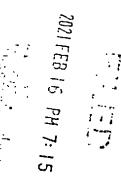
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COVER LETTER

TO:		istration Sec ision of Corp		į.	e •	
,	4		ARSHIP LLC			
SUBJE	CT:	Name of Limited Liability Company				
Dear Si	ir or N	/ladam:				
The end	closed	l Statement o	of Correction and fee(s) a	are submitted for filing	L .	
			ndence concerning this r		-	
		an comcope			o .	
Eustach	he Du	pervil				
		- i	Name of Person		-	
EDSC	AJOLA	ARSHIP LLC				
			Firm/Company		-	
3968 Ir	iverra	ry Dr				
			Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	
Lauder	hill, F	L 33319				
		Cit	ty/State and Zip Code	<u></u>	-	
info@c	dscho	olarship.org				
E.	-mail	address: (to	be used for future annua	report notification)	_	
For furt	ther ir	iformation co	oncerning this matter, pl	ease call:		
Eustach	he Du	pervil		754	2205270	
•		Name of	Person	at (Area Code	Daytime Telephone Number	
	Reg Div P.C	iling Address gistration S vision of C). Box 632 lahassee, E	Section orporations 7		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclose	ed is a	a check for (the following amount:			
■ \$25 I	Filing	Fee [☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

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. FIRST: The name of the limited liability company is: _____ The Florida Document number of the limited liability company is: SECOND: Titles P and VP Document to be corrected is: <u> THIRD:</u> (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: I've been informed by the bank that for a LLC the titles weren't supposed to be P and VP but instead Manager and Member. Please, Change P to Manager and VP to Member. OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are ◪ as follows: OR The electronic transmission of the record was defective. Signature of Authorized Representative 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: 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. Registere Agent's Signature

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)