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COVER LETTER

Division of Corporations							
SUBJECT: Extraordinary (leations Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Statement of Correction and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Maribel Mims Name of Person							
Extraordinary Creations							
12289 Caridinal (Veek DR							
Jacksonile FL 32018 City/State and Zip Code							
Extraordinary (veations, 11 (Dgmail. (O)) E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Mari Del Min S at 904, 534-0168 Name of Person Area Code Daytime Telephone Number							
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303							
Enclosed is a check for the following amount:							
□\$25 Filing Fee \$\ \text{□\$55 Filing Fee & □ \$60 Filing Fee,} \\ \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy}							

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		tion 605.0209, F.S., this document is being submitted to corume of the limited liability company is: Extroardir					
SECO:	<u>ND:</u>	The Florida Document number of the limited liability con	npany is:	L2100	OO X	v 2'	341
<u>THIR</u>	<u>D</u> :	Document to be corrected is: Extroading	XIX	Crea	tio	nS	<u></u>
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	statem	ins an incorrect statement. The incorrect statement, the reasent are as follows:					
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	7/	e 'S' was missing in	tre	word	·		
	77	e correct spelling is cr	eati	on5		. <u>-</u>	
	<u>OR</u>	, ,					
	Was d	efectively signed. The manner in which the document was ows:	defectivel	y signed and the	e appro	priate (correction ar
					<u> </u>	PH	6
	<u>OR</u>	/				կ։ 39	
	The el	ectronic transmission of the record was defective.		3/9	8/á	<u>X</u> 2	11
		Signature of Authorized Representative		Date			
		ew registered agent, if applicable :(NOTE: if correcting the designation).	registered	agent, the new	registe	red age	ent must sign
		d Agent's Signature, if changing Registered Agent: t the appointment as registered agent and agree to act in the	is capacit	y. I further agre	e to coi	nplv w	ith the

Registered Agent's Signature

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.