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EXAMINER

SECRETARY OF STALE DIVISION OF CORPORATION

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COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: Sober S	Steering Sensors L	LC	
	(Name o	f Limited Liability Cor	mpany)
Dear Sir or Madam:			
The enclosed Articles of	f Correction and fee(s) ar	e submitted for filing.	
Please return all corresp	ondence concerning this	matter to the following	g:
Julia F. Hubbard			
	(Name of Person)		-
Sober Steering Ser			_
	(Firm/Company)		
2457A S. Hiawasse			_
	(Address)		
Orlando, FL 32835			_
((City/State and Zip Code)		
For further information	concerning this matter, p	lease call:	
Julia F. Hubbard		at (407	_)_532-3040
(Name	of Person)	(Area Code &	2 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
Enclosed is a check for	the following amount:		
☑ \$25 Filing Fee □	330 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

	liability company as it appears on the records of the Florida ober Steering Sensors LLC.
2. This entity was formed un	nder the laws of: Delaware.
	d to transact business in Florida on <u>June 26, 2008</u> sistration number is <u>M D8 00000306 5</u>
4. The name and address of	each manager or managing member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MGRM	* Dennis W. Bellehumeur 2819 N.E. 38th St.
·	Fort handerdale, FL 33154 *Correction of spelling of last name
•	
	교 중
equired Signature:	/ Longelle
ling Fee: \$25	(Signature of Manager, Managing Member or Member)