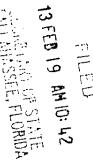
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DEPARTMENT OF STATE

K.SALY EXAMINER FEB 2 0 2013



ACCOUNT NO. : 12000000195		
REFERENCE : 537961 4320531		
AUTHORIZATION :		
AUTHORIZATION: Spelle de man		
ORDER DATE : February 19, 2013		
ORDER TIME : 1:0 PM		
ORDER NO. : 537961-005		
CUSTOMER NO: 4320531		
FOREIGN FILINGS		
NAME: MEDIA VISTA SW FLORIDA, LLC		
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY		
XXXX AMENDMENT		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING		
CONTACT PERSON: Harry B. Davis EXT#		
EXAMINER:		

## ARTICLES OF CORRECTION

## FILED 13 FEB 19 AM 10: 42

FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY STATE STATE

[ALL ANA SEEE, FLORIDA

The required 30 Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida

The name of the limited liability company is:  Nista SW Florida, LLC
ND: The articles of organization or the application to transact business  HECK 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:  The principal office address and registered agent address were inadvertently listed incorrectly on the initial filing. The correct address for both the principal office and
registered agent is: 5405 Taylor Road, Suite 10, Naples, FL 34109
OR  Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
2/19/13  Signature of a member or authorized representative of a member Orlando Rosales
Typed or printed name of signee  Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)

CR2E062 (08/05)