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(D					
(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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COVER LETTER

TO: Registration Sect Division of Corp		1						
SUBJECT:	elco Ihres	talen LLC	y Company					
	140	me or ismined islamin	y Company					
Dear Sir or Madam:								
The enclosed Statement o	f Correction and fee(s) are	submitted for filing.						
Please return all correspon	ndence concerning this ma	atter to the following:						
Terry	Name of Person							
Tello	INTUINATION FIRM COmpany	s LLC						
351D n	1m 2094 /41	<u>Y</u>						
M. AMI	Address The ((W) +) y/State and Zip Code	33054						
4/60	inug 4 Misb be used for future annual r	· () () () eport notification)						
For further information co	oncerning this matter, plea	se call:						
Name of	Person	at (Daytime Telephone Number					
STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, Florida 3230	rele	Re D P.	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314					
Enclosed is a check for the following amount:								
\$25 Filing Fee	S30 Filing Fee & Certificate of Status	\$55 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

Pursuant to	o section 605.0209, F.S., this document	·	1 1	document.	
FIRST: TI	he name of the limited liability compar	ny is: <u>le</u>	Ico Investment	LU'_	
SECOND	The Florida Document number	of the limited liabili		1000003	<u>ک</u> د
THIRD:	Document to be corrected is:	pplicatio	n of Foreign	14C.	
	(CHECK THE APPROPRIATE	BOX AND COMP	LETE THE APPLICABL	E STATEMENT	<u>r</u>
~	ontains an incorrect statement. The incatement are as follows:		1	correct, and the co	orrected
_	I Ne	1	of Ment LLC		
_			est Ments LLC		
<u>0</u>	<u>)R</u>				
	Vas defectively signed. The manner in s follows:	which the documen	t was defectively signed and	d the appropriate of	correction are
_				- 	
_				 	A T
<u>o</u>	<u>PR</u>			SECT	3 17
TI	he electronic transmission of the record	- $($	M	Arry 是的	
_	Signature of Authorized Representation		D	ate	<u>v (52)</u>
_	of new registered agent, if applicable a the designation).	(NOTE: if correcting	ng the registered agent, the r	new registered age	ent must sign
New Regis	stered Agent's Signature, if changing F	Registered Agent:			
I hereby ac provisions obligation	ccept the appointment as registered ag s of all statutes relative to the proper an is of my position as registered agent as hange in the registered office address,	ent and agree to ac ul complete perforn provided for in Cha	nance of my duties, and I an upter 605, F.S. Or, if this do	n familiar with an ocument is being fi	d accept the iled to merely
	1 `~	Registered Agent	's Signature		
		filing Fee: ied Copy:	\$25.00 \$30.00 (optional)		