

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MLG LAW LLC
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:

LOUIS HADDAD
Name of Person

MLG LAW LLC
Firm/Company

3901 HENDERSON BLVD., STE. 201
Address

TAMPA FL 33629
City/State and Zip Code

lhaddad@mlglawllc.com
E-mail address: (to be used for future annual report notification)

FILED
15 DEC -4 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LOUIS HADDAD at (813) 574-1852 x) 310
Name of Person Area Code 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
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**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: HLG LAW LLC

SECOND: The Florida Document number of the limited liability company is: 115000009398

THIRD: Document to be corrected is: APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(CHECK 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:

* 4: DATE FIRST TRANSACTED BUSINESS IN FLORIDA - WAS ANSWERED "NA"

PLEASE CHANGE "NA" TO JULY 15, 2015

PREPARER THOUGHT NAME CHANGE OCCURRED LATER, MISUNDERSTOOD QUESTION

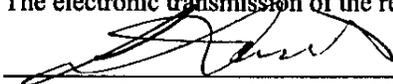
OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

FILED
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TALLAHASSEE FLORIDA

OR

The electronic transmission of the record was defective.



Signature of Authorized Representative

12-1-15
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:

I 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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)