L15000097864

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SECRETARY OF STATE

T. HAMPTON

COVER LETTER

Division of Corporations		
SUBJECT: AUAN Home Enhancements UC 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:		
MESTY of Christopher AllEN Name of Person ALLEN Home Enhancements. LC Firm/Company		
Address Punta Gorda 12 33955 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Mistu Allen at (94) 268-2363		
Misty Fles at (94) 348-2363 Name of Person Area Code Destine 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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\times \text{Certificate of Status} \text{S55 Filing Fee & Certified Copy} \$\$ \$60 Filing Fee, \$\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		

CR2E062 (2/14)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursua	int to se	ction 605.0209, F.S., this document is being submitted to correct a previously filed document.	
FIRST	<u>r</u> :	The name of the limited liability company is: ALLAN HOME Enhancements, LLC	
SECO	ND:	The Florida Document number of the limited liability company is: <u>L15000097864</u>	
THIR	<u>D</u> :	Document to be corrected is: Marke of Business Articles of Organization	
	(CH	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	
区		ins an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the ted statement are as follows:	
	£	ILLEN HOME Enhancements, LLC	
	حذ	the correct specing, Allen was specled	
	עלגו	the correct specing. Allew was specled to an a not E (AUAN).	
	<u>OR</u>		
	Was defectively signed. The manner in which the document was defectively signed and the appropria correction are as follows:		
		TASE 15	
		SERY 2 IN	
	<u>OR</u>	A G. 53 A G. 53 A G. 53	
	The el	ectronic transmission of the record was defective.	
	$\overline{}$	huit allen 6/8/15	
Si	gnature	of Authorized Representative Date	

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)

CR2E062 (2/14)