

P14000002716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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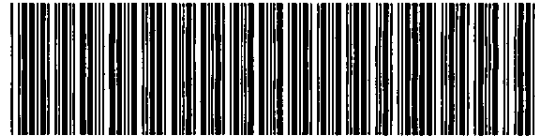
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORR. N/C
JAN 29 2014
R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AFFORDABLE LANDSCAPE INC
Name of Corporation

DOCUMENT NUMBER: P14000002716

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOUIS BAKER
Name of Contact Person

Firm/Company

13 LAKE VISTA TRAIL #102
Address

PORT ST LUCIE, FL 34952
City/State and Zip Code

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

For further information concerning this matter, please call:

LOUIS BAKER at (772) 342-7485
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

For

AFFORDABLE LANDSCAPE INC

Name of Corporation as currently filed with the Florida Dept. of State

P14000002716

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct ARTICLE OF INC AFFORDABLE LANDSCAPING INC
(Document Type Being Corrected)

filed with the Department of State on 01/09/2014
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

COMPANY NAME SHOULD READ

AFFORDABLE LANDSCAPING INC

Correct the inaccuracy, incorrect statement, or defect:

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Tracy Rhodes

(Signature of a director, president or other officer - If directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

TRACY Rhodes

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00