

602000053182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

Jack Hudson
Document Coordinator
2270 Griffin Road PMB #331
Lakeland, Florida 33810

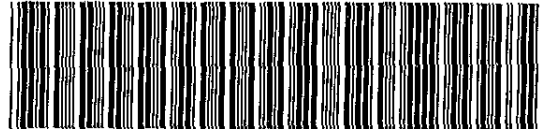
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

12/26 Correction
w/ name change

603-53182

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12/26/03--01027--006 **25.00

MJH

FILED

03 DEC 26 PM 4:32

FILED
TALLAHASSEE, FLORIDA

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

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.

FIRST: The name of the limited liability company is:
TJ'S SINDOWS, LLC - DOCUMENT NUMBER L03000053182

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

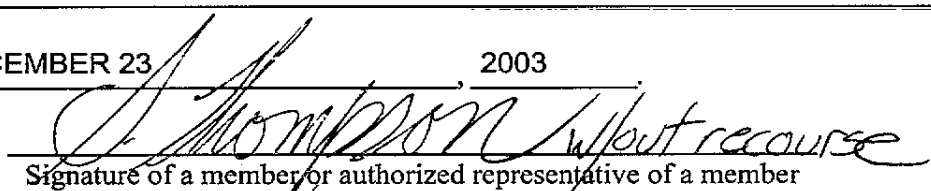
- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

LLC NAME SHOULD READ - TJ'S WINDOWS, LLC

OR

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

Dated: DECEMBER 23, 2003


Signature of a member or authorized representative of a member

S. Thompson
Typed or printed name of signee

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

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TALLAHASSEE, FLORIDA

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L03000053182
FILED 8:00 AM
December 16, 2003
Sec. Of State

Article I

The name of the Limited Liability Company is:

TJS SINDOWS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1087 N. HARBOR DRIVE
DELTONA, FL. 32725

The mailing address of the Limited Liability Company is:

1087 N. HARBOR DRIVE
DELTONA, FL. 32725

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

THOMAS BROW
1087 N. HARBOR DRIVE
DELTONA, FL. 32725

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: THOMAS BROW

Signature of member or an authorized representative of a member

Signature: THOMAS BROW