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SECRETARY O TALLAHASSEE	F STATE
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	}
'AL'	





300060615653

Alternative Contract of the Contract

FILED

COVER LETTER

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TO: Registration Section Division of Corporations AINTING (Name of Limited Liability Company) Dear Sir or Madam: The enclosed Articles of Correction and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/Company) (City/State and Zip Code) For further information concerning this matter, please call: STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301

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

ARTICLES OF CORRECTION FOR

FILED

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 the standard of the standard in Florida.

FIR	ST: The name of the limited liability company is: Tak tile and fainting LLC	
SEC	COND: The articles of organization or the application to transact business	
Œ	CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	
Ø	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:	
Incor	peet MANAGING MEMBER - JAHEZ LLAGUNO (DAFTE
Derec	TION: MAMAGING NEMBER - RAWL H. HERNANDEZ	(ADD)
	<u>OR</u>	
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:	
Date	d: 10-13- , 2005.	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)