L05000101729

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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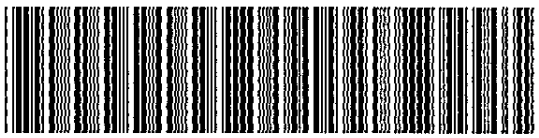

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4p

10/29/05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Complete Remodeling, Llc
(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:

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TALLAHASSEE, FLORIDA

Frank De La Paz
(Name of Person)

Buroserv
(Firm/Company)

711 SW 15th Ave
(Address)

Miami, Fl 33135
(City/State and Zip Code)

For further information concerning this matter, please call:

Frank De La Paz at (305) 596-5655
(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

CR2E062 (08/05)

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:

Complete Remodeling,Llc

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:

The name of the entity was Improperly Type.

The Correct name is: Complete Services, Llc

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OR

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

Dated: October 17 2005

Signature of a member or authorized representative of a member

Frank De La Paz

Typed or printed name of signee

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

CR2E062 (08/05)

Electronic Articles of Organization For Florida Limited Liability Company

L05000101729
FILED 8:00 AM
October 17, 2005
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

COMPLETE REMODELING, LLC

Article II

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

11250 NW 1ST STREET
MIAMI, FL. 33172

The mailing address of the Limited Liability Company is:

11250 NW 1ST STREET
MIAMI, FL. US 33172

Article III

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

ANY AND ALL LAWFUL BUSINESS.

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TALLAHASSEE, FLORIDA

Article IV

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

BUROSERV
711 SW 15TH AVE
MIAMI, FL. 33135

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: FRANK DE LA PAZ

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October 17, 2005
Sec. Of State
nculligan

Article V

The name and address of managing members/managers are:

Title: MGRM
RAMIRO T SALCEDO
11250 SW 1ST STREET
MIAMI, FL. 33172 US

Article VI

The effective date for this Limited Liability Company shall be:

10/17/2005

Signature of member or an authorized representative of a member

Signature: RAMIRO T SALCEDO

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TALLAHASSEE, FLORIDA