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SECRETARY OF STATE CHYLISION OF CORPORATIONS

J. BRYAN AUG - 7 2006

## COVER LETTER

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то:		istration Section ision of Corporation	ons			
SUBJE	CT:	BESTPRO B	UILDRES LL	С		
			(Name o	f Limited Liability	Company)	
Dear Si	r or N	Лаdam:				0
The end	rioser	l Articles of Corre	ction and fee(s) as	e submitted for fili	ng.	06 AUG -4
1110 0110			<b></b>			त
Please r	returr	all correspondence	ce concerning this	matter to the follow	wing:	1-
AMN	ON	PRI-HADASI	Н			PM 2
7 (1011)			me of Person)	·		2: 06
						9
BEST	PRO	BUILDRES L	LC			
			m/Company)			
3860	SHE	RIDAN ST SU	ITE C			
		(/	Address)		<del></del>	
HOLL	ΥW	OOD FL 33021				•
		(City/Sta	te and Zip Code)			
For furt	ther i	nformation concer	ning this matter, p	lease call:		
AMNON PRI-HADASH				at ( 954	966-7377	-
•		(Name of Pers	son)	(Area Co	de & Daytime Telephone N	(umber)
		OURIER ADDRI	ESS:		MAILING ADDRI Registration Section	
Registration Section Division of Corporations					Division of Corpora	
Clifton Building					P.O. Box 6327	20214
		ive Center Circle Florida 32301			Tallahassee, Florida	. 32314
Enclose	ed is	a check for the fo	llowing amount:			
<b>E</b> \$25	Filin		Filing Fee & ificate of Status	☐ \$55 Filing Fee Certified Copy		Status &



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

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST: BESTPRO BUILD		The name of the limited liability company is:					
SECO (CH		The articles of organization or the application to transact business  THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT					
✓	Contai incorre	ns an incorrect statement. The incorrect statement, the reason the statement is ect, and the corrected statement are as follows: NEED TO BE: BESTPRO BUILDERS LLC.					
		efectively signed. The manner in which the document was defectively signed and propriate correction are as follows:					
Dated:	08/02	Signature of a member or authorized representative of a member  AMNON PRI-HADASH  Typed or printed name of signee					