# 07000123094

(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:

Office Use Only



500112982755

12/17/07--01016--088 \*\*25.00

SECRETARY OF STATENS
DIVISION OF CORPORATIONS

1 BRYAN LEC 1. 8: 2007

# **COVER LETTER**

Division of Corporations	
SUBJECT: HOME EASY FIXING LLC	
(Name of Limited Liability Co.	mpany)
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 followin	g:
FELIX A DIEZ (Name of Person)	-
DIEZ BUSINESS SERVICES	
(Firm/Company)	_
4125 W WATERS AVE	_
(Address)	_
TAMPA FL 33614	_
(City/State and Zip Code)	
For further information concerning this matter, please call:	
	871-1816
(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 & ☐ \$55 Filing Fee & Certificate of Status Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

# 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.

LO7000/23094

FIRST: The name of the limited liability company is:
HOME EASY FIXING

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:

DELETE SECOND MORE CARLA FLORELLA VINCENZI

<u>v.</u>	Contains an incorrect statement. The incorrect	et statement, the reason the statement	is		
	incorrect, and the corrected statement are as follows:				
	DELETE SECOND MGR: CARLA FIORELLA	VINCENZI	07 DEC 17		
	ADD MGR: CARLOS UMANA		<u>—————————————————————————————————————</u>		
	CHANGE PRINCIPAL ADDRESS:8339	GARRISON CIR TPA, FL 33615			
	CHANGE MAILING ADDRESS:8339 GARE	RISON CIR TPA, FL 33615	PH 4:		
	<u>OR</u>		12:		
	Was defectively signed. The manner in which the document was defectively signed the appropriate correction are as follows:				
	•				
D 4.d.	13TH OF DECEMBER	2007			
Dated:	^ -				
	Signature of a member or authorized	d representative of a member			
	CARLA FIORELLA VINCENZI				
	Trimod on mulatod no	man of signage			

Typed or printed name of signee

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)

# Electronic Articles of Organization For Florida Limited Liability Company

L07000123094 FILED 8:00 AM December 11, 2007 Sec. Of State nculligan

#### Article I

The name of the Limited Liability Company is: HOME EASY FIXING LLC

#### Article II

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

8339 GAMISON CIR TAMPA, FL. US 33615

The mailing address of the Limited Liability Company is:

8339 GAMISON CIR TAMPA, FL. US 33615

#### **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:

CARLA FIORELLA VINCENZI 8839 GARRISON CIR TAMPA, FL. 33615

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: CARLA FIORELLA VINCENZI

SECRETARY OF STATE DIVISION OF CORPORATIONS OF THE STATE OF THE STATE

## Article V

The name and address of managing members/managers are:

Title: MGR CARLA FIORELLA VINCENZI 8339 GARRISON CIR TAMPA, FL. 33615 US

Title: MGR CARLA FIORELLA VINCENZI 8339 GARRISON CIR TAMPA, FL. 33615 US

### **Article VI**

The effective date for this Limited Liability Company shall be: 12/11/2007

Signature of member or an authorized representative of a member Signature: CARLA FIORELLA VINCENZI

L07000123094 FILED 8:00 AM December 11, 2007 Sec. Of State nculligan

SECRETARY OF STATE DIVISION OF CORPORATIONS

07 OFF 17 PH 3: 22