



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Artisan Building Contrator 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:

Artides R. Betancourt  
Name of Person

Artisan Building Contrator  
Firm/Company

9436 SW 143 PL  
Address

Miami FL 33186  
City/State and Zip Code

artides316@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexandro Betancourt at ( 305 ) 202-4173  
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

**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:  
Artisan Building Contrator 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 limited liability company is incorrect. The correct name should be  
Artisan Building Company of South Florida LLC

**OR**



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

Dated: Artides R. Betancourt 09/23/2009

*Artides R. Betancourt*  
Signature of a member or authorized representative of a member

Artides R. Betancourt  
Typed or printed name of signee

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

**FILED**  
2009 SEP 24 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA