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(Business Entity Name)

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10 JUN -2 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Have Window Pains 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:

Tommy Dene Glassmire  
Name of Person

Have Window Pains LLC  
Firm/Company

288 Fallen Palm Dr.  
Address

Casselberry FL 32707  
City/State and Zip Code

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

For further information concerning this matter, please call:

Tommy D. Glassmire at ( 407 ) 369 2859  
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: Have Window Paines 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:

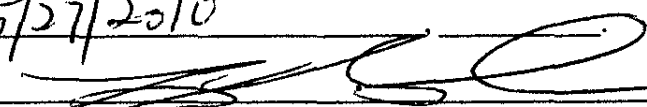
Have Window Paines should read  
Have Window Pains no "e"

**OR**

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

agent Put in "Thomas"  
my full name is  
Tommy Dene Glassmire

Dated: 05/27/2010

  
Signature of a member or authorized representative of a member

Tommy Dene Glassmire  
Typed or printed name of signer

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