

#L11000092996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

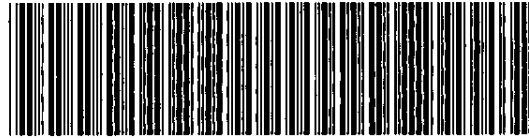
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11 AUG 22 PM 1:43  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MT HOME REMODELATION 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:

MARCELO A GARRIDO

Name of Person

MT HOME REMODELATION LLC

Firm/Company

608 WECHSLER CIR

Address

ORLANDO, FL 32824

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCELO A GARRIDO

Name of Person

at ( 321 )

388-1824  
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**

FILED  
11 AUG 22 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:  
MT HOME REMODELATION 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

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

ARTICLE V: NAME OF MANAGING MEMBERS:

DEFECTIVELY: TITLE: MGRM. NAME: MATIAS A CRUZ. (REMOVE)

CORRECTION: TITLE: MGRM. NAME: JUAN YRIARTE (ADD)

ADDRESS: 3107 WENTWORTH LN. KISSIMMEE, FL 34741

Dated: August 17<sup>th</sup>, 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Marcelo A. Garrido

\_\_\_\_\_  
Typed or printed name of signee

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