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K. SALLY
EXAMINER
JAN 24 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Epic Total Restoration, 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:

Rafael Fabian

Name of Person

Rafael Fabian, P.A.

Firm/Company

10631 N Kendall Drive, Suite 145

Address

Miami, FL 33176

City/State and Zip Code

rafael@fabianpa.com

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

For further information concerning this matter, please call:

Rafael Fabian

Name of Person

at (305) 856-6700

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**

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CLERK 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:
 Epic Total Restoration, 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:
1. Article II of the Articles of Organization shall be corrected so as to correct the principal address and the mailing address.
The correct principal address and mailing address of the LLC is: 11705 SW 69 Avenue, Pinecrest, FL 33156.
 2. Article IV shall be corrected so that the registered Agent's address is: 11705 SW 69 Avenue, Pinecrest, FL 33156.
 3. Article of V shall be corrected so that the sole Manager Member's address is: 11705 SW 69 Avenue, Pinecrest, FL 33156.

OR

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

Dated: _____

Signature of a member or authorized representative of a member

RAFAEL ENRIQUE, AS ATTORNEY IN FACT

Typed or printed name of signee

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