

#L13000103409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

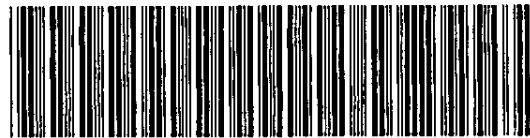
(Business Entity Name)

(Document Number)

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13 AUG - 1 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

AUG - 5 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VILLAGE HOME IMPROVEMENTS, 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:

**STEPHANIE S AYLOR**

Name of Person

**VILLAGE HOME IMPROVEMENTS, LLC**

Firm/Company

**15201 SE 99TH PLACE**

Address

**OCKLAWAHA, FL 32179**

City/State and Zip Code

**OHANDYMAN1@GMAIL.COM**

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

For further information concerning this matter, please call:

**STEPHANIE S AYLOR** at ( **305** ) **522-7097**

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

CR2E062 (4/13)

**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.

FILED  
13 AUG -1 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FIRST:** The name of the limited liability company is:  
VILLAGE HOME IMPROVEMENTS, 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:

ARTICLE 5 LISTS ME AS SOLE MEMBER. NAME WAS OMITTED FROM

ORIGINAL APPLICATION IN ERROR. SHOULD INCLUDE DONALD L AYLOR

AND STEPHANIE S AYLOR AS MANAGING MEMBERS . DONALD L AYLOR

15201 SE 99TH PLACE OCKLAWAHA, FL 32179

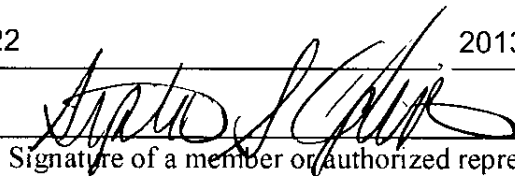
**OR**



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

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

Dated: JULY 22 2013



Signature of a member or authorized representative of a member

STEPHANIE S AYLOR

Typed or printed name of signee

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