L13000128789

(Re	equestor's Name)				
(Ad	ddress)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE OIVISION OF CORPORATION

JUN 23 2015

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 3, 2015

OSMEL PARRA RIVEROL 451 SW 2ND STREET BOCA RATON, FL 33432

SUBJECT: PARRA USA HANDYMAN LLC.

Ref. Number: L13000128789

We have received your document for PARRA USA HANDYMAN LLC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 515A00011608

15 JUN 19 PM 2: 02
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Parra USA. Handyman LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Statement of Correction and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Parra USA Handyman LLC Firm/Company
Firm/Company
451 SW 2nd ST Address
Boca Rato'N P(33432 City/State and Eip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call: OSMEL R. Parva at 561 674-8250 Name of Person Area Code Daytime Telephone Number 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 & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status

CR2E062 (2/14)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursu	ant to se	ection 605.0209, F.S., this document is being submitted to correct a previously f	iled docur	nent.		
FIRST: The		The name of the limited liability company is: Para USA				
		Handyman LLC				
SECO	OND:	The Florida Document number of the limited liability company is: <u>L130</u>	0012	8789		
THIRD: Document to be corrected is:						
		ARTicles IV-V OF Organizati	<u>0</u> 10			
	(CH	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STAT	<u>rement</u>			
⇉	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:					
	By	mistare, during the etectronic fillin	9 (
	av	nanager was appointed . No other	berso	ın		
	By mistare, during the etectronic filling, a manager was appointed. No other person Except me, Existed as a Owner/manager of the Company. Also LLC adress has changed. HSI SHD S Corresponding TO Article II OR Decroyle Milkidus Correccion OS HGG. 33432					
	$\frac{2}{2}$	expression and a second	7	C 1 2 C 1		
(Con	range also LLC adress has changed.	- <u>F</u> 000	SM 9 24.		
	OR (Remove Maileidys Concepcion as Mgr.		68 PEE		
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:					
	conce	Alon are as follows.				
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31	Buatuic	of Authorized Representative Date		茶		

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)