

L13000170087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700255875217

01/24/14--01021--010 **30.00

FILED
2014 JAN 24 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 29 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HELPING HANDS REMODELING SERVICE 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:

JOHN J. CRUM III
Name of Person

HELPING HANDS REMODELING SERVICE LLC
Firm/Company

4306 NEWBURY DR
Address

NEWPORT RICHEY FL 34652
City/State and Zip Code

JACKSUP462YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN J. CRUM III at (815) 307-6097
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

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is:

helping hands remodeling service llc

L13000170087

SECOND: Document to be corrected is:

articles of organization for florida limited liability company

(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:

name of registered agent and manager needs to be changed

to match what is on my florida drivers license ,which should read john j crum iii

OR



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

OR



The electronic transmission of the record was defective.

John J Crum III
Signature of Authorized Representative

Date

1/21/14

+ Registered Agent

2014 JAN 24 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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