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COVER LETTER

Registration Section

TO:

Division of Corporations				
Eco Tech Carpet Care, LLC				
	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Statement of Correction and fee(s) are submitted for filing	5.			
Please return all correspondence concerning this matter to the following	; ;			
Michael L Wilson				
Name of Person	-			
Eco Tech Carpet Care, LLC				
Firm/Company	-			
745:Mackenzie Circle				
Address	-			
St. Augustine, FL 32092				
City/State and Zip Code	•			
mw164083@yahoo.com				
E-mail address: (to be used for future annual report notification)	-			
For further information concerning this matter, please call:				
Michael L Wilson 678	873-8034			
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	□ \$60 Filing Fee, Certificate of Status & Certified Copy			
CR2E062 (2/14)				

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

<u>IRST</u>	: !	The name of the limited liability company is: Eco Tech Carpet Care, LLC
ECO	The Florida Document number of the limited liability company is: L1400003611	
<u>'HIRI</u>	<u>D</u> :	Document to be corrected is:
	į	Articles of Organization
	(CI	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
•		ins an incorrect statement. The incorrect statement, the reason the statement is incorrect, and statement are as follows:
	Whe	n the LLC was formed it was accidentally formed as a single member LLC
	inste	ad of a dual member LLC. Will you please make the change showing
	Mich	ael L Wilson as Managing Member and Seth Michael Judd as member
		CO. N Dream
	· ;	TO TO THE REST.
	<u>OR</u>	
		defectively signed. The manner in which the document was defectively signed and the appropriation are as follows:
	- [•
		
		Δ
		A
	<u>OR</u>	
	The el	lectronic transmission of the record was defective.
C:	<u> </u>	3/24/2014
Sig	nature	of Authorized Representative Date

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)

CR2E062 (2/14)