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## **COVER LETTER**

Registration Section

TO:

Division of	Corporations			
PKF I	REMODELING LLC			
NUBJECT:	Name of Limited Liability Company			
Dear Sir or Madam:				
	ent of Correction and fee(s)	are submitted for filin	a	
Please return all corr	espondence concerning this	matter to the following	g:	
FRANCISCO C	FARIAS			
	Name of Person		_	
PKF REMODEI	LING LLC		,	
<del> </del>	Firm/Company		_	
241 NE 45TH S	ST.			
	Address		_	
DOMESTIC DE	ACH FL 33064		•	
	City/State and Zip Code		_ ` ` `	
,		••	;	
_	MENT-EXPRESS.NE			
E-mail address	: (to be used for future annu	ial report notification).		
For further informat	ion concerning this matter, j	please call:		
FRANCISCO C	FARIAS	561	<sup>860-3534</sup>	
Na	ime of Person	at ( Area Code	Daytime Telephone Number	
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter Circle		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 Fiting Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	
CR2E(\62 (2/14)				

## STATEMENT OF CORRECTION FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. PKF REMODELING LLC The name of the limited liability company is: FIRST: The Florida Document number of the limited liability company is: **SECOND:** THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION (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: THE NAME OF THE ORGANIZATION WAS FILED INCORRECTLY AS PKF REMODELING LLC. PLEASE MAKE A CORRECTION TO THE NAME CHANGING IT TO: TKF REMODELING LLC. <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. Signature of Authorized Representative Filing Fee: \$25.00 Certified Copy:

CR2E062 (2/14

\$30.00 (optional)