L14000 181918

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
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| (Address) | | | | | |
| | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| . ~ | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| · — | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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COVER LETTER

| TO: Registration Division of | Section Corporations | • | | | | | |
|--|--|------------------------------------|---|--|--|--|--|
| Amer SUBJECT: | ican Remodeler LLC | | | | | | |
| SUBJECT. | Name of Limited Liability Company | | | | | | |
| Dear Sir or Madam: | | | | | | | |
| The enclosed Statem | ent of Correction and fee(s) | are submitted for filin | g. | | | | |
| Please return all corr | espondence concerning this | matter to the following | g: | | | | |
| Michael Fisher | | | | | | | |
| | Name of Person | | _ | | | | |
| American Remo | odeler LLC | | | | | | |
| | Firm/Company | | - | | | | |
| 101 Flamingo D | Prive Suite A1 | | | | | | |
| | Address | | _ | | | | |
| Apollo Beach, F | FL 33572 | | | | | | |
| | City/State and Zip Code | | _ | | | | |
| fisherm66@gm | ail.com | | | | | | |
| E-mail address | (to be used for future annu | al report notification) | _ | | | | |
| | | | | | | | |
| For further information concerning this matter, please call: | | | | | | | |
| Michael Fisher | | 813 | 597-6336 | | | | |
| Na | me 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 (2/14) | | | | | | | |

, STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| Pursu FIRS | | The name of the limited liability company is: American Remodeler LLC | | | | | |
|---------------|---------------|--|---------------------------------|--|--|--|--|
| FIRS | <u>1</u> . | The hame of the finited hability company | y 15 | | | | |
| SEC | OND: | The Florida Document number of the limited liability company is: L14000181918 | | | | | |
| THIRD: | | Document to be corrected is: | | | | | |
| | | Articles of Organization | | _ | | | |
| | <u>(CI</u> | HECK THE APPROPRIATE BOX AND CO | OMPLETE THE APPLICABLE STATE | <u>MENT</u> | | | |
| V | | Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: | | | | | |
| | A typ | o was made in the name "Micheal" in 4 | different places. Please change | 2014 DEC 22 SEGRETARY TALLAHASSE | | | |
| | the s | the spelling to "Michael" in Article III, Article IV, the registered agent signature, | | | | | |
| | and t | and the Signature of member or authorized representative. Thank you | | | | | |
| | | | | MIN: 50 | | | |
| | <u>OR</u> | | | - WIDA | | | |
| | | Was defectively signed. The manner in which the document was defectively signed and the approprecorrection are as follows: | | | | | |
| | - | | | _ | | | |
| | | | | | | | |
| | | | 333 | | | | |
| | <u>OR</u> | <u>OR</u> | | | | | |
| | The e | lectronic transmission of the record was de | fective. | | | | |
| | 2 | 264- | 12/18/2014 | | | | |
| S | ignature | of Authorized Representative | Date | | | | |

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)