

L15000015642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

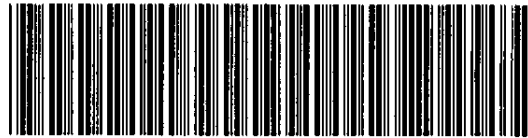
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 13 2015  
T. HAMPTON

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Home Services and more  
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:

Casey Smith  
Name of Person

Firm/Company

516 Oakdale St  
Address

Windermere Florida 34786  
City/State and Zip Code

rodriguezgrad@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Casey smith at ( 401 ) 481-4481  
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

CR2E062 (2/14)

**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: Home Services and More

**SECOND:** The Florida Document number of the limited liability company is: L15000015642

**THIRD:** Document to be corrected is:  
Article of organizations

**(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 effective date should be the date that I electronically filed on January 27, 2015. Please correct.. IS NOT MARCH 26 Thanks

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**OR**

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

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**OR**

The electronic transmission of the record was defective.

*Cozey Smith*

*2-4-15*

Signature of Authorized Representative

Date

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

CR2E062 (2/14)

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TALLAHASSEE, FLORIDA