L15000029525

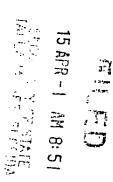
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COVER LETTER

TO: Registration Division of	n Section Corporations	* • 4		•	*
Prop	erty Maintence Sister	S	•	A.	
		Name of Limited Liab	ility Company		
Dear Sir or Madam:				$\Sigma_{i,i}$	
The enclosed Statem	nent of Correction and fee(s)	are submitted for filing	3.	- 54	5 APR
Please return all correspondence concerning this matter to the following:					
Tammy Cappo	la			J. 1.	∄H 8: 5
	Name of Person		•	500 V	:5
	Firm/Company				
4585 Comfort S	Street				
	Address		•		
Cocoa, Fl. 329	27				
	City/State and Zip Code	······································	•		
HeyPropertySis	sters@gmail.com				
E-mail address	: (to be used for future annu	al report notification)	•		
For further informat	ion concerning this matter, p	lease call:			
Tammy Cappo	la	321	208-8293		
Ne	une of Person	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 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

	IRST: The name of the limited liability company is: Property Maintence Sisters				
<u>SEC</u>	OND:	The Florida Document number of the limited liability company is: L15000029525			
THIRD:		Document to be corrected is:			
		Articles of organization		_	
	<u>(C</u>	HECK THE APPROPRIATE BOX AND C	OMPLETE THE APPLICABLE STATEM	<u>IENT</u>	
Z	correc	tins an incorrect statement. The incorrect stated statement are as follows: e is a error in the spelling, the word ma	·	orrect, and the	
		name of the company should read; Pro		-	
				15 A	
	<u>OR</u>		!**¢* }	70 ST	
		defectively signed. The manner in which to ction are as follows:	he document was defectively signed and t	ne appropriate ∞ ¬	
				-	
				_	
	<u>OR</u>				
	The e	lectronic transmission of the record was d	efective.		
	<u> </u>	anny Caston	3/10/2015	_	
S	ignature	of Authorized Representative	Date		

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