*15000037907

(Re	equestor's Name)	
hAd)	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
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K.SALY EXAMINER MAY -5 2015

COVER LETTER

TO: Registration Division of	n Section Corporations			
Kut K	Close Professional La	wn Service		
		Name of Limited Lial	pility 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 followin	g:	
Sterling Safford	ſ			
	Name of Person		_	
Klose Kut Profe	essional Lawn Servic	e		
	Firm/Company		_	
65 DJ Lane				
	Address		_	
Quincy, Florida	32352			
	City/State and Zip Code		_	
sterling1384@y	/ahoo.com			
E-mail address	(to be used for future annu	al report notification)	-	
For further informati	on concerning this matter, p	please call:		
Sterling Safford 850 508-2451			508-2451	
Na	me of Person	Area Code	Daytime Telephone Number	
Registration Section Division of Corporations Clifton Building			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	i
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY	2815

FIRST: SECOND: THIRD:		The name of the limited liability company is: Kut Klose Professional Lawn Service Mark Serv				
		The Florida Document number of the limited liability company is: L15000037907 Document to be corrected is: Florida LLC (Entity Name) ARTICLES of ORGANIZATION				
7		ins an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the ted statement are as follows:				
	The r	The name of the Company is Klose Kut Professional Lawn Service,LLC				
	not K	ut Klose Professional Lawn Service, LLC				
	 OR					
		lefectively signed. The manner in which the document was defectively signed and the appropriate tion are as follows:				
	 <u>OR</u>					
Sí	H	of Authorized Representative 4/17/2015 Date				

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)