

L1500070809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

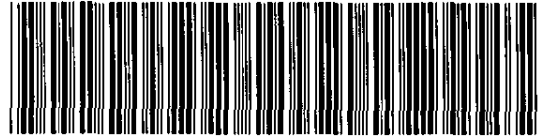
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400271342754

2015 APR 30 AM 11:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

2015 APR 30 PM 4:31
DIVISION OF CORPORATIONS

RECEIVED

APR 30 2015

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 605419 8044847

AUTHORIZATION

Lydia Cohen

COST LIMIT : \$ 25.00

ORDER DATE : April 27, 2015

ORDER TIME : 2:30 PM

ORDER NO. : 605419-010

CUSTOMER NO: 8044847

FILED
2015 APR 30 AM 11:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOMESTIC AMENDMENT FILING

NAME: CORAL FIBERGLASS REPAIRS &
PAINTING, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER'S INITIALS: _____

**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: _____
CORAL FIBERGLASS REPAIRS & PAINTING, LLC

SECOND: The Florida Document number of the limited liability company is: L15000070809

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 city name in the principal address, mailing address, and member addresses is misspelled.

Address should read: 141 Dove Creek Drive

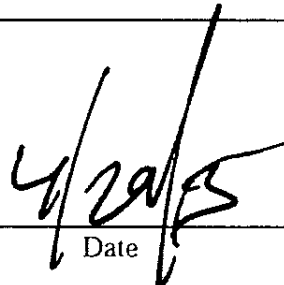
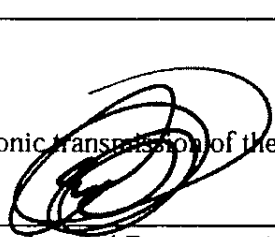
Tavernier, FL 33070

OR

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

OR

The electronic transmission of the record was defective.



Signature of Authorized Representative

Date

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

FILED
2015 APR 30 AM 11:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA