L50009055

(Requestor's Name)	`
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	-
Certified Copies Certificates of Status	
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JUN 15 2015 S. YOUNG

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אויע. 9. 2015 10	:21AM ST PETE	KIDNEY	, t	NO. 586 P. 1
	e e	COVER L	ETTER	
TO: Registration Division of	e Section Corporations			
SUBJECT: Hand	ome Guy, LLC			
		Name of Limited Liz	bility Company	
Dear Sir or Madam:				
The enclosed Stateme	ent of Correction and fee(s) are submitted for filir	18. '	
Please return all corre	espondence concerning th	is matter to the followin	eg:	
Ryan Magin				
	Name of Person		_	
Handome Guy,			_	
	Firm/Company			(c
2814 4th Avenu	e N			5 5
	Address		-	資質 質 図
St Petersburg, F	FL 33713		_	SER IN LE
	City/State and Zip Code			FS P
ryanmagin@iclo	oud.com			OF STATE
E-mail address:	(to be used for future am	mal report notification)	_	DA FF 2
For further information	on concerning this matter	, please call:		
Ryan Magin		727	510-2330	
Nan	ne of Person	at (Daytime Telephone Number	*
STREET/COURIE) Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, Florida 3	ions er Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check	for the following amoun	nt:		
■ \$25 Filing Fee	2 \$30 Filing Fee & Certificate of Status	2 \$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

CR2E062 (2/14)

NO. 586 P. 2

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

<u>\$T</u> ;	The name of the limited liability company	is:	
OND:	The Florida Document number of the limit	ted liability company is: L150	000090555
<u>RD</u> :	Document to be corrected is:		
	Handsome Guy, LLC		
(C	HECK THE APPROPRIATE BOX AND CO	MPLETE THE APPLICABLI	ESTATEMENT
	ins an incorrect statement. The incorrect stated statement are as follows:	stement, the reason the statem	
This	was incorrectly registered as "Handome	Guy, LLC" instead of	15
"Har	dsome Guy, LLC"		
			777
,			
			夏州 万
<u>OR</u>			ماله المرح
Was corre	defectively signed. The manner in which the ction are as follows:	e document was defectively s	igued and me abl
		_	
OR	1		
	electronic transmission of the record was de	fective.	

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