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Office Use Only



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COVER LETTER

10:	Division of Corp					
SUBJE	ECT:	· य	Seasons	Painting	vility Co	Lands caping, L
			146	inc of Elimica Elai	onity Co	Simpany
Dear S	ir or Madam:					
The en	closed Statement	of Correcti	ion and fee(s) are	submitted for filin	g.	
Please	return all correspo	ondence co	oncerning this ma	atter to the followin	g:	
	Mar	<u>ibel</u>	Roman)	_	
	4 Seasons	Name of Pa	inting E	Landsca	ping	1-
	_	_	ton aire		- -	
	Oeltona	F ity/State and	L 3a	725	_	
	ribel. ror			eport notification)	_	
	ther information o	_		se call:		
1	Naribel		ian	\		951-2531
	Name o	f Person		Area Code	L	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		
Enclos	sed is a check for	the follow	ving amount:			
\$25	5 Filing Fee	_	Filing Fee & ate of Status	\$55 Filing Fee Certified Copy	C	:\$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuar FIRST	t to section 605.0209, F.S., this document is being submitted to correct a previously filed document. Ladscaping The name of the limited liability company is: 4 Seasons Painting e Landscaping LLC
SECON	111 non 175 nos auticles Commiscation
	(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 name should be corrected. The spelling
	on the Certificate is missing the letter "N" in Landscaping.
	The name should be corrected. The spelling on the Certificate is missing the letter "N" in Landscaping. The name should be as follows: 4 Seasons Painting & Landscaping.
	<u>OR</u>
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
	6 名 0 第 1 第 1 第東
	OR PRODUCTION OF THE PRODUCTIO
	The electronic transmission of the record was defective. $9-38-2016$
	Signature of Authorized Representative Date
	re of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign ng the designation).
I hereby provision obligati	egistered Agent's Signature, if changing Registered Agent: v accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the fons of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing change.
	Registered Agent's Signature

\$25.00

\$30.00 (optional)

Filing Fee: Certified Copy: