

L18000121FF1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

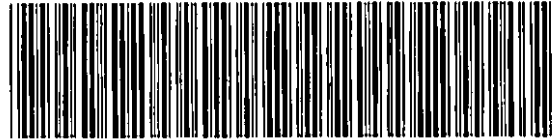
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100314171151

06/08/18 -01010 -010 4425.00

FILED

18 JUN 22 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2018

AI V BENNETT WOODS
11105 N 20TH ST
TAMPA, FL 33612

SUBJECT: AYLAH HANDMAN SERVICES LLC
Ref. Number: L18000121881

We have received your document for AYLAH HANDMAN SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct document to be corrected as: Articles of Organization.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 518A00012276

RECEIVED
2018 JUN 22 AM 10:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aylah Handman Services llc

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Al V Bennett Woods

Name of Person

Aylah Handman Services LLC

Firm/Company

11105 N 20th St

Address

Tampa, Fl. 33612

City/State and Zip Code

valentono8112@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Al V Bennett Woods

Name of Person

at (813) 810-4481

Area Code

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

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

**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: Aylah Handman Services LLC
Change from Handman to "Handyman Services LLC

SECOND: The Florida Document number of the limited liability company is: L18000121881

THIRD: Document to be corrected is: Company Name

(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:

Change Company name from Aylah Handman Services LLC to
Aylah Handyman Services LLC

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.

W. K. Bonetti Woods 6-20-2018
Signature of Authorized Representative Date

Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

W. K. Bonetti Woods
Registered Agent's Signature

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