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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: I GOTTA A GUY RENOUTTONS L.L.C. Name of Limited Liability Company				
	Na	ame of Limited Liability	y Company	
Dear Sir or Madam:				
The enclosed Statement of	of Correction and fee(s) are	e submitted for filing.		
Please return all correspo	ndence concerning this ma	atter to the following:		
MicHAEL J	Name of Person			
I GOTTA GO	T RENOVATIONS Firm/Company	5 6.6.		
7720 ARBC	e DL. Address			
JACKSON VILLE	EFC. 32; ty/State and Zip Code	2//		
M. He & F GOTTA GUYALABAMA - COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
MicHAEL F	ARLEY	at (904)_	570 - 5412 Daytime Telephone Number	
Name o	f Person	Area Code	Daytime Telephone Number	
STREET/COURIER Al Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230	ircle	Re Di P.0	AILING ADDRESS: egistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314	
Enclosed is a check for	the following amount:			
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 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: The Florida Document number of the limited liability company is: SECOND: Document to be corrected is: ARTICLES OF CORRECTION. THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT [4] Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: I GOTTA GUY REMOVATIONS L.L.C. IS WHAT THE COMPANY MAME SHOULD OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR П The electronic transmission of the record was defective. Signature of Authorized Representative 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. Registered Agent's Signature Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)