## L19 0000 298951

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| PICK-UP                                 | ☐ WAIT          | MAIL        |  |
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| Special Instructions to Filing Officer: |                 |             |  |
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Sharet Inc.

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## **COVER LETTER**

| TO: Registration S<br>Division of Co                                      |  |                                   |  |  |
|---|--|-----------------------------------|--|--|
|   | LL FIX IT CARPENTRY                          | AND GENERAL SE                    | RVICES LLC   |  |
| Name of Limited Liability Company   |  |                                   |  |  |
| Dear Sir or Madam:  |  |                                   |  |  |
| The enclosed Statemen   | nt of Correction and fee(s) a                | re submitted for filing           | Ř.   |  |
| Please return all corres  | pondence concerning this r                   | natter to the following           | g:   |  |
| ADAUTO LUIZ MEN   | DES  |                                   |  |  |
|   | Name of Person                               |                                   | -  |  |
| LOUIS'LL FIX IT CA  | RPENTRY AND GENERA                           | AL SERVICES LLC                   |  |  |
| <del></del>   | Firm/Company                                 | •                                 | -  |  |
| 22217 SW 61ST AVE   |  |                                   |  |  |
| <del></del>   | Address                                      |                                   | -  |  |
| BOCA RATON, FL 3.   | 3428   |                                   |  |  |
|   | City/State and Zip Code                      |                                   | -  |  |
| LOUISWILLFIXIT@   | OUTLOOK.COM                                  |                                   |  |  |
| E-mail address: (   | to be used for future annual                 | report notification)              | -  |  |
| For further information   | concerning this matter, ple                  | ease call:                        |  |  |
| ADAUTO LUIZ MEN   | IDES   | 781<br>at (                       | 8669182  |  |
| Name  | e of Person                                  | Area Code                         | Daytime Telephone Number   |  |
| Mailing Adda<br>Registration<br>Division of<br>P.O. Box 6,<br>Tallahassee | n Section<br>Corporations<br>327             |                                   | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |  |
| Enclosed is a check fo  | or the following amount:                     |                                   |  |  |
| ■\$25 Filing Fee  | ☐ \$30 Filing Fee &<br>Certificate of Status | □\$55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy  |  |

CR2E062 (9/15)

## 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: \_\_\_\_\_ L19000298951 The Florida Document number of the limited liability company is: SECOND: Document to be corrected is:\_\_\_ THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Ø Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: COMPANY NAME SHOULD READ: LOUIS'LL FIX IT CARPENTRY AND GENERAL SERVICES (1) NAME WAS MISSPELLED WHEN STARTING BUSINESS ONLINE, JUST NEED TO REMOVE LETTER "E" 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 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)