## L200000 4/9/3

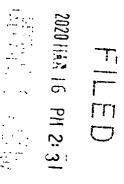
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## **COVER LETTER**

| TO:  |           | tration So<br>ion of Co | ection<br>rporations                    | :                                    |  |
|--|-----------|-------------------------|---|--------------------------------------|--|
| SUBJE  |           | ROYAL E                 | AGLES PAITNING & T                      | ILE, LLC                             |  |
| SUBJE  | .C1; _    |                         | 1                                       | Name of Limited Liab                 | oility Company   |
| Dear S   | ir or Ma  | ıdam:                   |   |                                      |  |
| The en   | closed S  | Statement               | of Correction and fee(s) a              | re submitted for filin               | g.   |
| Please   | return a  | ll corresp              | ondence concerning this n               | natter to the following              | g:   |
| CLAU   | DIOMI     | RO ROD                  | RIGUES DELMONDES                        | <b>.</b>                             |  |
| •  |           |                         | Name of Person                          |                                      | _  |
|  | <u></u> - |                         | Firm/Company                            |                                      | _  |
| 1605   | NAPOL     | .I DRIVE                | WEST                                    |                                      |  |
|  |           |                         | Address                                 |                                      | _  |
| SARA   | SOTA,     | FL 3423                 | 32                                      |                                      |  |
|  |           | (                       | City/State and Zip Code                 | -                                    | _  |
| CLAU   | DIOMI     | ROBELI                  | MONDES72@GMAIL.CO                       | ОМ                                   |  |
| E  | l-mail ac | ddress: (to             | be used for future annual               | report notification)                 | _  |
| For fur  | ther infe | ormation                | concerning this matter, ple             | ease call:                           |  |
| CLAU   | DIOMI     | RO R. D                 | ELMONDES                                | 973                                  | 393-8238   |
|  |           | Name                    | of Person                               | at (<br>Area Code                    | Daytime Telephone Number   |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |           |                         |   |                                      | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclos   | sed is a  | check for               | the following amount:                   |                                      |  |
| <b>■\$</b> 25  | Filing F  | ee                      | \$30 Filing Fee & Certificate of Status | □\$55 Filing Fee &<br>Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & 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:

ROYAL EAGLE PAINTING & TILE, LLC

| OND:        | The Florida Document number of the limited liabilit                             |                           |            |                  |                      |       |
|-------------|---|---------------------------|------------|------------------|----------------------|-------|
| <u>RD</u> : | Document to be corrected is: ARTICLES OF ORGA                                   | NIZATION (MISSPELL        | ED COM     | PANY'S           | S NAM                | 1E)   |
|             | (CHECK THE APPROPRIATE BOX AND COMP   | LETE THE APPLICA          | BLE ST     | <u>ATEM</u>      | ENT                  |       |
|             | tains an incorrect statement. The incorrect statement, the ment are as follows: | e reason the statement is | з іпсоттес | t, and tl        | he com               | recte |
| THE         | ERE WAS A TYPO. THE NAME OF THE LLC WAS MI                                      | SSPELLED. THE CORF        | RECT NA    | ME IS            |                      |       |
| ROY         | YAL EAGLE PAINTING & TILE, LLC AND NOT ROYA                                     | AL EAGLES PAINTING        | & TILE,    | LLC              |                      |       |
| THE         | ERE IS NO "s" ON THE WORD EAGLE.  | FEIF37                    | . 19       | u5               | X,)                  | (ji   |
| OR          |   |                           |            |                  |                      |       |
|             |   |                           |            |                  |                      |       |
|             | defectively signed. The manner in which the document ollows:                    | was defectively signed    | and the a  | appropri         | ~3_                  | rrect |
|             | - <del>-</del>  | was defectively signed    | and the a  | appropri         | 2020                 | rrect |
|             | - <del>-</del>  | was defectively signed    | and the a  | appropri         | 2020 I AR            | rrect |
|             | - <del>-</del>  | was defectively signed    | and the a  | appropri         | 2020 HAR 16          | rrect |
| as fol      | - <del>-</del>  | was defectively signed    | and the a  | English Services | 2020 I AR            |       |
| as fol      | ollows:   | was defectively signed    | and the a  | English Services | 2020 HAR 16 PH 2:    |       |
| OR The e    | electronic transmission of the record was defective.                            |                           | Date       | ACCOUNT OF SHEET | 2020 IAR 16 PH 2: 31 |       |

Filing Fee: Certified Copy:

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eglatered Agent's Signature

\$30.00 (optional)