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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 2P Hore <u>Jemodeling ar</u> Name of Limited Lia	nd Desiry UC bility Company
Dear Sir or Madam:	
The enclosed Statement of Correction and fee(s) are submitted for filing	ığ.
Please return all correspondence concerning this matter to the following	ığ:
Picerdo J Pansi Name of Person	-
Firm/Company	_
1048 Marlin Late Cir apt 2	0212
Scrasota, FL, 34232 City/State and Zip Code	_
E-mail address (to be used for future annual report notification)	
For further information concerning this matter, please call:	
x Richardo J Panisi at 941 Name of Person 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
Enclosed is a check for the following amount:	
✓\$25 Filing Fee	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	nt to section 605.0209, F.S., this document is being submitted to correct a previously filed docume		
FIRST	The name of the limited liability company is: 2P Home Remodeling	s and	ℓ
	Desing LLC		
<u>SECO</u>	1.2040000	4-143.	
SECO	A . L L	,,,,,	
<u>THIRI</u>	Document to be corrected is: Atteles of organization		
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STAT	EMENT	
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, a statement are as follows:	nd the cor	rected
/	<u>OR</u>		
e	Was defectively signed. The manner in which the document was defectively signed and the apprais follows:	ropriate co	rrection are
	as ronows.		
	the sense was misualled about the concerded at		
	He name was mispelled should be corrected to	•	
	He name was mispelled should be corrected to RP Home Remodeling and Design LLC	<u> </u>	2024
	He name was mispelled should be corrected to 2P Home Remodeling and Design LLC	<u> </u>	2024 1.1
		<u>~</u>	2024 1.75 1.3
	OR OR		2024 L ¹ √ (3 m
_		<u>→</u>	
_	OR The electronic transmission of the record was defective.		
	OR OR		
Signati	OR The electronic transmission of the record was defective.	: : : :	13 r.i 5: 23
Signati accepti New R I hereh provisi obligat reflect	OR The electronic transmission of the record was defective. Signature of Authorized Representative Date are of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent, the new registered agent.)	tered agen omply with with and of	t must sign

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