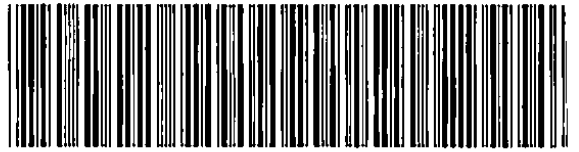


L21000529314



50037922510

(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

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2021 FEB 22 AM 5:22
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: Sensual Fitness and Finance Consulting
to reflect update to Fitn7ineallthetyme LLC.

SECOND: The Florida Document number of the limited liability company is: L 21000529314

THIRD: Document to be corrected is: Formation Date

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:

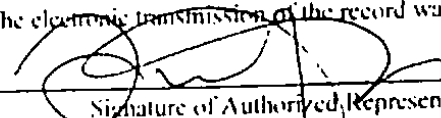
The formation date of my business is as follow
1-1-2022 NOT 12/11/2021 that is incorrect
Additionally Tehera m Johnson is Authorized
OR Representative

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

The formation of said LLC is 1/1/2022 also the
name should be updated to reflect Fitn7ineallthetyme
and also Add Tehera m Johnson as representative.

OR

The electronic transmission of the record was defective.


Signature of Authorized Representative 2/22/2022
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.

Registered Agent's Signature

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

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fees are submitted for filing.

Please return all correspondence concerning this matter to the following

Tehera M Johnson
Name of Person

Firm Company

4601 S. Flamingo rd
Address

DAVIE FL 32314
City/State and Zip Code

Evolutionciyah@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tehera Johnson at 954 240-2719
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
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

CR21.062 (9/15)

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2021 FEB 22 AM 5:22

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