

L14 000078950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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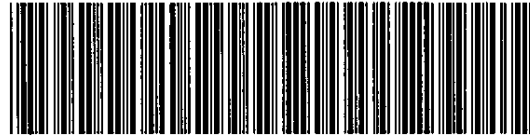
(Business Entity Name)

(Document Number)

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FILED  
JUN 13 2014  
CLERK OF DISTRICT COURT  
JULIA A. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**Serenity 101 Salon and Barber**

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Shedrick Latrail Martin**

\_\_\_\_\_  
Name of Person

**Serenity 101 Salon and Barber**

\_\_\_\_\_  
Firm/Company

**12300 Seminole Blvd Suite 1**

\_\_\_\_\_  
Address

**Largo, FL 33778**

\_\_\_\_\_  
City/State and Zip Code

**trail4change@gmail.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Shedrick Latrail Martin**

**727**

**483-2694**

at ( \_\_\_\_\_ )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

CR2E062 (2/14)

**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: Serenity 101 Salon and Barber

**SECOND:** The Florida Document number of the limited liability company is: L14000078950

**THIRD:** Document to be corrected is:  
Articles of Organization for Florida Limited Liability Coverage

**(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 name that was filed needs to be corrected. The name that was filed was

not my complete legal name. I previously filed Trail Martin and needs to be

changed to Shedrick Latrail Martin.

**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.

Shedrick Martin  
Signature of Authorized Representative

6-9-14  
Date

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