

ATTORNEYS AT (LAW

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June 24, 2002

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

6000005967126 -06/25/02--01017--001 *****35.00 *****35.00

RE: Document Number L02000015246

To Whom It May Concern:

file

Enclosed are the Articles of Correction for LITTLE HANDS LITTLE FEET THERAPY SERVICES, LLC and the filing fee of \$35.00.

Thank you for your time and consideration in this matter.

Sincerely,

Shannon L. Porath, Esq.

Name Availability Document Examiner $E_{n,j}$ Updater Upda'ar Wer Train ೦೦೮ Acknowledgement DCC M. Werthau LUC

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ARTICLES OF CORRECTION

FOR

LITTLE HANDS LITTLE FEET THERAPY SERVICES, LLC

- 1. The document to be corrected is the Articles of Organization filed June 17, 2002, assigned document number L02000015246.
- 2. The incorrect statement is the name of the limited liability company in Article I as "Little Hands Little Feet Terapy Services, LLC due to typographical error.
- 3. The incorrect statement should be corrected to read, "Little Hands Little Feet Therapy Services, LLC".

By: Shannon L. Porath, Esq.

As attorney and resident agent for

Little Hands Little Feet Therapy Services, LLC

Dated: 6/24/02

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Electronic Articles of Organization For Florida Limited Liability Company

L02000015246 FILED June 17, 2002 Sec. Of State

Article I

The name of the Limited Liability Company is:
LITTLE HANDS LITTLE FEET TERAPY SERVICES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

3924 MESA RD. DESTIN, FL. 32541

The mailing address of the Limited Liability Company is:

3924 MESA RD. DESTIN, FL. 32541

Article III

The name and Florida street address of the registered agent is:

SHANNON L PORATH 2441 U.S. HWY 98 E. 108 SANTA ROSA BEACH, FL. 32459

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: SHANNON L. PORATH

Signature of member or an authorized representative of a member

Signature: PAIGE LUSK SCOPER