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TALLAHASSEE, FLORIDA

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REFERENCE: 868959 7452230

AUTHORIZATION: Tallahassee, FL 32317

CORRECTION FILING

NAME:

FAITHWORKS PROFESSIONAL CONUSELING GROUP, LLC

ACCOUNT NO. : 072100000032

XX	ARTICLES (	OF CORRECTION		
PLEASE	RETURN THE	FOLLOWING AS	PROOF OF	FILING:
xx	PLAIN STA	MPED COPY		
CONTACT	PERSON:	Susie Knight		56 S INITIALS:

## ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST FAITH			ne limited liability com	- <del>-</del>		
	ECK T	HE APPROPRI	ATE BOX AND COM	plication to transact business PLETE THE APPLICABLE S		
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:					
	THE N	AME WAS SPEL	LED INCORRECTLY. I	T SHOULD BE:		
	FAITH	WORKS PROFES	SIONAL COUNSELING	GROUP, LLC	NSE SE	
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	<u>OR</u>				THE THE	
			d. The manner in which tion is as follows:	th the document was defective	ely signed and	
Dated:	SEPT	EMBER 1		2004		
		/s/ EMMA B	ASSO TERRELL	·		
				representative of a member	•	
		EMMA BASSO	TERRELL			
	Typed or printed name of signee				-	
			Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)		

### **Electronic Articles of Organization** Florida Limited Liability Company

L04000064813 FILED 8:00 AM August 31, 2004

#### Article I

The name of the Limited Liability Company is: FAITHWORKS PROFESSIONAL CONUSELING GROUP, LLC

#### Article II

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

211 DELTA CT TALLAHASSEE, FL. US 32303

The mailing address of the Limited Liability Company is:

P.O. BOX 6227 TALLAHASSEE, FL. US 32314

#### **Article III**

HOW SER - PH L. 37 The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

#### Article IV

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

EMMA BASSO TERRELL 1037 WINFIELD FOREST DRIVE TALLAHASSEE, FL. 32317

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: EMMA BASSO TERRELL

#### Article V

The name and address of managing members/managers are:

Title: MGRM EMMA BASSO TERRELL 1037 WINFIELD FOREST DR TALLAHASSEE, FL. 32317 US

Signature of member or an authorized representative of a member Signature: EMMA BASSO TERRELL

L04000064813 FILED 8:00 AM August 31, 2004 Sec. Of State jbryan

