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SECOND FLORIDA STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPIRIT IN MIND LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Beverly SIMMONS
(Name of Person)

SPIRIT IN MIND LLC
(Firm/Company)

P.O. Box 19011
(Address)

Sarasota, FL 34276
(City/State and Zip Code)

For further information concerning this matter, please call:

Beverly SIMMONS at 941 228-4252
(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

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

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

FIRST: The name of the limited liability company is:

SPIRIT IN MIND LLC

SECOND: The articles of organization or the application to transact business

(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:

Article V of the Articles of Organization
are hereby amended to a single-member LLC.

The Name & Address of the Managing Member
is Beverly SIMMONS, Title: MGR, P.O. Box 19011
SARASOTA, FL 34276

OR



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

Dated:

October 5, 2005

Beverly Simmons

Signature of a member or authorized representative of a member

Beverly SIMMONS

Typed or printed name of signee

05 OCT 10 PM 4:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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