

LD60000077532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

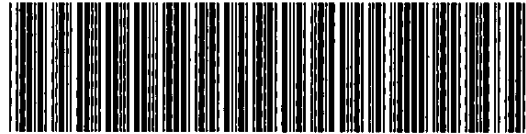
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHAPEL BY THE BAY 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:

GLORIA MILLS

(Name of Person)

(Firm/Company)

4123 HENDERSON BLVD

(Address)

TAMPA, FL 33629

(City/State and Zip Code)

For further information concerning this matter, please call:

GLORIA MILLS

(Name of Person)

at (813) 281-2123

(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:
CHAPEL BY THE BAY LLC

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

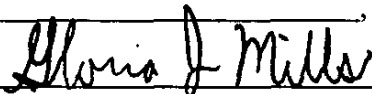
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
THE NAME OF CHAPEL BY THE BAY LLC, DOCUMENT L06000077532, IS INCORRECT IT SHOULD
BE CHAPEL ON THE BAY LLC, PLEASE MAKE THIS CORRECTION AND NOTIFY US OF THE
CHANGE. THANK YOU.

OR

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

Dated: August 14, 2006



Signature of a member or authorized representative of a member

Gloria Millis

Typed or printed name of signee

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

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06 AUG 16 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA