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SECRETARY OF STATE
ALLAHASSEE, FI OBID.

COVER LETTER

Division of C					
SUBJECT: Curves	s of Arcadia, LLC				
	(Name o	of Limited Liability Co	mpany)		
Dear Sir or Madam:					
The enclosed Articles	of Correction and fee(s) a	re submitted for filing.			
Please return all corre	spondence concerning this	matter to the following	g:		
Andrew T Ames	, CPA, CFP (Name of Person)			200 SEC TALL	
Hackney Ames & Heitman, PA, CPAs (Firm/Company)		_	2001 JUN 29 1 SECRETARY 01 VLLAHASSEE,	i	
128 West Oak Str	eet (Address)		_	P 3: 29 F STATE FLORIDA	Ċ
Arcadia, FL 34266	(City/State and Zip Code)		_	- 40	
For further information	n concerning this matter, p	please call:			
Andrew T Ames, C	PA, CFP ne of Person)	at (<u>863</u>	494-6495 x203 & Daytime Telephone Nu	umber)	
STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 3	a ADDRESS: ons or Circle		MAILING ADDRE Registration Section Division of Corporati P.O. Box 6327 Tallahassee, Florida	SS:	
Enclosed is a check f	or the following amount	:			
☑ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of St Certified Copy		

CR2E062 (08/05)

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	The name of the limited liability company is:		
Curves of	Arcadia, LLC Document # L07,000063873		
SECO!	_		
<u>(CH</u>	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	<u>ATEME</u>	<u>ent</u>
V	Contains an incorrect statement. The incorrect statement, the reason the statement, and the corrected statement are as follows: Required to Change LLC name per Curves international, Inc. trademark violation.	ement is	s
	Name of LLC must be changed to Badger's of Arcadia, LLC	2 (0)	
	A. H.] RF	
	S) TI	N 29	
	OR CR	ال ال	
	Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	y si gn ed	and
			·
Dated:	June 28, 2007.		
	Signature of a member or authorized representative of a member		
	Typed or printed name of signee		
	Typed or printed name of signee		
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		