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COVER LETTER

Division of	Corporations		-		
SUBJECT:	TRANSC		T YOU	1ERAP	<i>ل</i> ل <i>ل</i> ا
	(Name	of Limited Liability Co	ompany)		
Dear Sir or Madam:					
The enclosed Article	es of Correction and fee(s)	are submitted for filing	; ,		
Please return all corr	espondence concerning this	s matter to the following	ng:		
Dian	(Name of Person)	5N	- 		
TRANSCE	(Firm/Company)	HERAPY, LU	<u>.</u> C	2001 OC SECRE TALLAH	TI
<u>1511 S</u>	E LEGACY (Address)	COVE CIRC	CUE	OCT -9 P	
STUART	FL 349 (City/State and Zip Code)	97		12: 12 STATE ORIDA	D
For further informati	on concerning this matter,	please call:			
Diana	Sutton	at (773	419- S & Daytime Telepho	5159	
(14)	anc or resons	(Area Couc	or Daytime Telepin	sic ivanoci)	
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 Certificate Certified C	of Status &	

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: TRANSCEND BODY THERAPY, LLC
SECO	ND: The articles of organization or the application to transact business
(<u>CH</u>	IECK 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:
ncorrect	MGR GREG SUTTON THANKS
repect *	MGRM GREGSUTTON 1511 SELEGACY COVE CIR CORRECT
incorrect	TAMOREM - FORGOT TO ADD ZNOMEMBER
Lorrect *	MGRM DIANASUTTON ISILSE LEGACY COVE CIR
	OR STUART FL 34997
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
	LCRE OC T
	ASSET O T
	FL SA SI
Dated:	October 3007
	Signature of a member or authorized representative of a member
	GREG SUTTON NIANA ### SUTTON Typed or printed name of signee
	Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)

CR2E062 (08/05)