

✓  
**108000067703**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

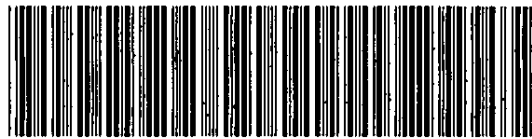
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(Document Number)

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08 JUL 29 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**

JUL 30 2008

**EXAMINER**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** S.O.S. Bad Hair Day Caps, 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:

PATRICIA PIKE

(Name of Person)

(Firm/Company)

255 CENTRAL DRIVE

(Address)

LAKE WALES, FL 33859

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA PIKE

(Name of Person)

at ( 863 ) 256-6133

(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

CR2E062 (08/05)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 JUL 29 PM 12:59

FILED

**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:

S.O.S. Bad Hair Day Caps, 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:

Requesting name change to:

"Sense Of Style" Fashion Hair Caps, LLC

Decided this sounded Better.....

\* Also please change phone # to (863) 256-6133

**OR**



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

Dated:

July 25

2008

Patricia Pike

Signature of a member or authorized representative of a member

Patricia Pike

Typed or printed name of signee

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

FILED  
2008 JUL 29 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA