

LD9000024693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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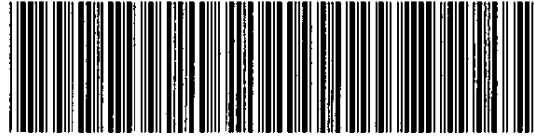
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAR 23 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Young Believers of Change
(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:

Tracy Higgs
(Name of Person)

Young Believers of Change
(Firm/Company)

2770 N.W. 167th Street
(Address)

Miami, Florida 33054
(City/State and Zip Code)

For further information concerning this matter, please call:

Tracy Higgs at (305) 218-2601
(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

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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:

Young Believers of Change, 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:

Please add Tracy Higgs Address: 2770 N.W. 167th St.
Miami, FL 33054 as a managing member
Thank you

*Please add Tracy Higgs as a managing member

OR



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

Dated: 3/17/09

Paulette Ancrum

Signature of a member or authorized representative of a member

Paulette Ancrum

Typed or printed name of signee

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

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