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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

JAN 5 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bodies of Work, 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:

Lorraine Fann
Name of Person

Bodies of Work, LLC
Firm/Company

2061 S.E. 18th St.
Address

Lauderdale By The Sea, FL. 33062
City/State and Zip Code

lafann@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorraine Fann at (954) 235-1296
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**

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:

Bodies of Work, 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 change "Manager" to "Managing Member".
I am the owner and only person responsible
for this LLC.

Also, please make the Effective date

OR

Thank you.

Jan 1st, 2010.



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

Dated: 12/31/09

Lorraine Fann
Signature of a member or authorized representative of a member

Lorraine Fann

Typed or printed name of signee

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