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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
MAR 25 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JUST4GIRLS_SALON_&_SPA_FOR_TEENS_AND_TWEENS_
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:

Ana Maria Crucet

Name of Person

Thorsen and Crucet P.A.

Firm/Company

8600 NW S River Drive Ste 101

Address

Miami, FL 33166

City/State and Zip Code

amthorpe@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana Maria Crucet

Name of Person

at (305)

883-0120
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)

**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:
JUST4GIRLS SALON & SPA FOR TEENS & TWEENS, 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:

The registered agent and manager/member was shown as Ivi Reyes

(Ivi is her nickname) the legal name of the registered agent and manager member
should be Iveliz Reyes

OR



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

Dated: March 19, 2011



Signature of a member or authorized representative of a member

Iveliz Reyes

Typed or printed name of signee

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

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11 MAR 23 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA