

L110000120456

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan NOV - 8 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bubbles 4 u r troubles, 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:

FIONA FINN
Name of Person

Bubbles 4 u r troubles, LLC.
Firm/Company

9110 SOUTHMONT COVE UNIT 308
Address

FORT MYERS, FL 33908
City/State and Zip Code

fionaburkefinn@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FIONA FINN at (239) 691-7209
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

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ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED

11 NOV -7 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 608.4115, F.S., this document is being submitted within the required
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:
Bubbles 4 u r troubles, 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 name of the LLC has a type-o in it.

The name of the LLC should appear as: Bubbles 4 ur troubles, LLC.

No space in between ur is the correction we are making.

OR



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

Dated:

November 2nd

2011


Signature of a member or authorized representative of a member

FIONA FINN

Typed or printed name of signee

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bubbles 4 u r troubles, LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

9110 SOUTHMONT COVE #308
FORT MYERS, FL 33908

Mailing Address:

9110 SOUTHMONT COVE #308
FORT MYERS, FL 33908

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

FIONA FINN

Name

9110 SOUTHMONT COVE #308

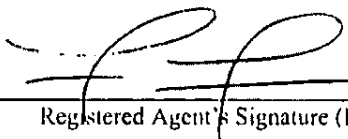
Florida street address (P.O. Box NOT acceptable)

FORT MYERS, FL 33908

City, State and Zip

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11 OCT 20 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.,



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

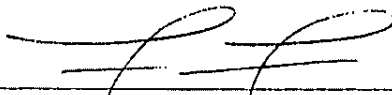
MGRM

FIONA FINN
9110 SOUTHMONT COVE #308
FORT MYERS, FL 33908

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155,F.S.)

FIONA FINN

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)