

L12000004134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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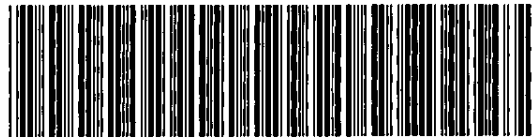
(Business Entity Name)

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TALLAHASSEE, FLORIDA

D. BRUCE

JAN 18 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SACS Group Consulting, 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:

Samantha Springfield
Name of Person

SACS Group Consulting, LLC
Firm/Company

PO Box 2091
Address

Tallahassee, FL 32316
City/State and Zip Code

Sam@sacs-group.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Springfield at (850) 570-6222
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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TALLAHASSEE, FLORIDA

**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: SACS Group Consulting 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:

ADD
as
Managing
Member →

Samantha Springfield

Po Box 2091

Tallahassee, FL 32316

OR



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

Dated: January 18, 2012

[Signature]
Signature of a member or authorized representative of a member

Samantha Springfield

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JAN 18 PM 1:55

FILED

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