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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4 Walls 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:

Natasha Johnson
Name of Person

4 Walls LLC
Firm/Company

390 112 Ave N Apt 7108
Address

St. Petersburg FL 33716
City/State and Zip Code

FourWallsLLC4@aol.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Natasha Johnson at (727) 4093813
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: 4 WALLS

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 incorrect statement
is the spelling of the name Natisha Johnson and
the address 390 112 Ave N St. Petersburg FL 33716 the correct
spelling of Name is Natasha Johnson address 390 112 Ave N Apt 7108
St. Petersburg FL. 33716
OR

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

Dated: 2/17, 2012

Natasha Johnson

Signature of a member or authorized representative of a member

Natasha Johnson

Typed or printed name of signee

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

2012 APR 22 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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