

2/20000 26635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2019 AUG -5 PM 3:39



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2019

THOMAS E. SMITH
1328 AVONDALE WAY
TALLAHASSEE, FL 32317

SUBJECT: SOUTHEASTERN EVALUATION CONSULTANTS, LLC
Ref. Number: L12000026635

We have received your document for SOUTHEASTERN EVALUATION CONSULTANTS, LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 819A00015098

RECEIVED

2019 AUG -5 PM 2:03

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southeastern Evaluation Consultants
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas E. Smith
Name of Person

Southeastern Evaluation Consultants
Firm/Company

1328 AVONDALE WAY
Address

TALLAHASSEE, FL 32317
City/State and Zip Code

TS Hamrassmith 558 @ gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas E. Smith at (850) 321-9661
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

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is:

Southeastern Evaluation Consultants, LLC

SECOND:

The Florida Document number of the limited liability company is: L12000026635

THIRD:

Document to be corrected is: Articles of Organization

(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:

change title (name) to
Financial Therapy Center, LLC

OR



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

OR



The electronic transmission of the record was defective.

Signature of Authorized Representative Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

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 relative 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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Thomas E. Smith

Registered Agent's Signature

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