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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sienna Charles
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:

Tadyn Sienna Indis

Name of Person

Sienna Charles

Firm/Company

326 peruman ave, suite 3

Address

Palm Beach FL, 33480

City/State and Zip Code

JSI @ tadynsiennaindis.com

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

For further information concerning this matter, please call:

Tadyn Sienna Indis

Name of Person

at 917

623 4630
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:

Sienna Charles
UPSCALE GYPSY 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:

Name change from 'UPSCALE GYPSY LLC'
Sienna Charles LLC

OR



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

Dated: Jan 28, 2012

Jachyn Sienna Friday
Signature of a member or authorized representative of a member

Jachyn Sienna Friday
Typed or printed name of signee

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

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STATE OF FLORIDA