

L130000020191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

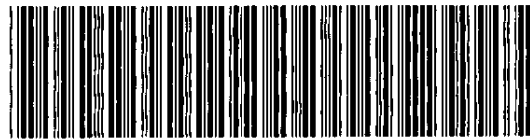
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200244933382

02/25/13--01001--005 \*\*25.00

RECEIVED  
DEPARTMENT OF STATE  
BUREAU OF CONSOBATION  
2013 FEB 22 PM 2:21  
TO ACHIEVE  
EFFICIENCY OF FILING

RECEIVED  
DEPARTMENT OF STATE  
BUREAU OF CONSOBATION  
2013 FEB 22 PM 2:41  
TO ACHIEVE  
EFFICIENCY OF FILING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mis-pelled business name

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:

Trina Washington

Name of Person

Firm/Company

82418 N Monroe St St 130

Address

Tallahassee FL 32303

City/State and Zip Code

Twashington162@gmail.com

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

For further information concerning this matter, please call:

Trina Washington

Name of Person

at ( 850 ) 902-6760

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

13 FEB 22 PM 2:41  
STATE  
CLERK  
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: Soigne'

**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:

I spelled the name of business  
incorrectly. I spelled it Soigne' when it  
is spelled Soigne'

**OR**



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

Dated: February 22, 2013

Trina L. Washington

Signature of a member or authorized representative of a member

Trina L. Washington

Typed or printed name of signee

**Filing Fee: \$25.00**

**Certified Copy: \$30.00 (optional)**