

L13000113444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

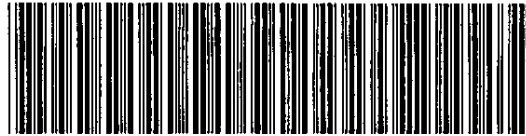
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Shivers SEP 06 2013

707



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2013

JESSICA HOCHSTADT
1736 BIARRITZ DR
MIAMI BEACH, FL 33141

SUBJECT: "I DO" NUTRITION, LLC
Ref. Number: L13000113444

We have received your document for "I DO" NUTRITION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 413A00020177

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ~~Jess~~ "I Do" Nutrition, LLC
Name of Corporation

DOCUMENT NUMBER: L13000113444

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jessica Hochstadt
Name of Contact Person

"I Do" Nutrition, LLC
Firm/Company

1736 Biarritz Dr.
Address

Miami Beach, FL 33141
City/State and Zip Code

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

For further information concerning this matter, please call:

Jessica Hochstadt at (305) 720-4116
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: "I Do" Nutrition, 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:

No "manager/member detail" was included. Please
correct this by listing Jessica Hochstadt as the
"manager/member". Address = 1736 Biarritz Dr. Miami Beach,
FL 33141

OR

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

Dated: 9/03, 2013



Signature of a member or authorized representative of a member

Jessica Hochstadt

Typed or printed name of signee

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

FILED
13 SEP -5 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA