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COVER LETTER

TO: Registration Section Division of Corporations Allegiance Counseling Services, 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: Nandy Augustin Allegiance Counseling Services, LLC Firm/Company 10752 N.E. 2nd Court Address Miami, FL 33161 City/State and Zip Code allegiance counseling services@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nandy Augustin Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy 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 Allegia	The name of the limited liability company is:				
SECO!	ND: The articles of organization or the application to transact business				
<u>(CH</u>	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	ATEM	<u>ENT</u>		
✓	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: I would like to change the name of the company from Allegiance Counseling				
	Services, LLC to Allegiance Counseling Center, LLC. I made the mis	take w	hen I		
	originally filed for the company and did not realize it until it was certif	ied.			
	<u>OR</u>				
	Was defectively signed. The manner in which the document was defectively sign the appropriate correction are as follows:				
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Dated:	December 11, 2013				
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	Signature of a member of authorized representative of a member				
	Nandy Augustin				
	Typed or printed name of signee				
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)				