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(Business Entity Name)

(Document Number)

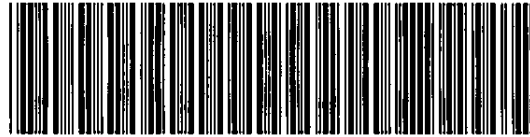
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2014 MAR - 3 PM 12:28  
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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JOB SALON  
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:

JOHN BENGIFO  
Name of Person

Job Salon  
Firm/Company

2212 North Dixie highway.  
Address

Wilton Manors FL 33305  
City/State and Zip Code

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

For further information concerning this matter, please call:

John Bengifo at 407 5794495  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

JOR SALON

**SECOND:** Document to be corrected is:

JØR SALON

2014 MAR -3 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**(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:

by Mistake I type a "zero" instead  
of a "O", JØR instead of  
JOR, the correct Name is  
JOR SALON

**OR**



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

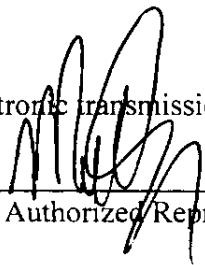
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**



The electronic transmission of the record was defective.

Signature of Authorized Representative



27 Feb 14  
Date

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