

L140000028478

(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



600260093446

05/19/14--01013--014 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY 19 AM 11:17

MAY 29 2014  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tampa Bay Hypno-Therapy  
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:

Tamera L. Fortenot  
Name of Person

TAMPA BAY Hypno-Therapy, LLC  
Firm/Company

926 16<sup>th</sup> Street North  
Address

St. Petersburg, Florida 33705  
City/State and Zip Code

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

For further information concerning this matter, please call:

Tamera Fortenot at ( 727 ) 543-7556  
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

**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: TAMPA BAY HYPNO-THERAPY LLC  
2/19/14

**SECOND:** The Florida Document number of the limited liability company is: L14-0000-28478

**THIRD:** Document to be corrected is:

Articles of organization

**(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:

A typographical error. Instead of  
"TMAPA..." it should be "TAMPA BAY..."  
"TAMPA BAY HYPNO-THERAPY, LLC"

**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.

James L. Sinter  
Signature of Authorized Representative

5/16/14  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY 19 AM 11:17

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