L14000078950

(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

100260877581

06/13/14--01005--014 **25.00

14 JUN 13 PM 2:19

TALLAHASSEE, FLORIDA

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** Serenity 101 Salon and Barber
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:

Shedrick Latrail Martin
Name of Person

Serenity 101 Salon and Barber
Firm/Company

12300 Seminole Blvd Suite 1
Address

Largo, FL 33778
City/State and Zip Code

trail4change@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shedrick Latrail Martin at (727) 483-2694
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

CR2E062 (2/14)

**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: Serenity 101 Salon and Barber

**SECOND:** The Florida Document number of the limited liability company is: L14000078950

**THIRD**: Document to be corrected is:
Articles of Organization for Florida Limited Liability Coverage

**(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:
The name that was filed needs to be corrected. The name that was filed was not my complete legal name. I previously filed Trail Martin and needs to be changed to Shedrick Latrail Martin.

**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.

Shedrick Martin 6-9-14
Signature of Authorized Representative Date

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