

L14000150643

Florida Department of State
Division of Corporations
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Barbara King Yoga, LLC

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:

Becky Diller, Paralegal

Name of Person

Quarles & Brady LLP

Firm/Company

101 E. Kennedy Blvd., Suite 3400

Address

Tampa, FL 33602-5195

City/State and Zip Code

Laura.Holm@quarles.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Becky Diller

at (813)

387-0279

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:

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**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: Barbara King Yoga, LLC

SECOND: The Florida Document number of the limited liability company is: L14000150643

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:

Article 1 of the Articles of Organization erroneously stated the name of the
company to be Barbara King Yoga, LLC. The name of the limited liability
company is Barbara King Studio, 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.

Aimee M. 166
Signature of Authorized Representative

September 26, 2014
Date

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

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