

L 14000187149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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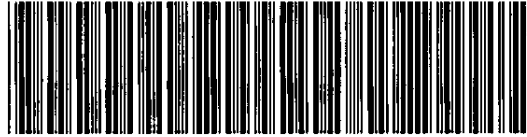
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/29/2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Patricia Adams Counseling, 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:

Patricia Adams

\_\_\_\_\_  
Name of Person

Patricia Adams Counseling, LLC

\_\_\_\_\_  
Firm/Company

1325 Shadow Path Drive

\_\_\_\_\_  
Address

Port Orange, FL 32128

\_\_\_\_\_  
City/State and Zip Code

trishadamsLCSW@gmail.com

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

For further information concerning this matter, please call:

Patricia Adams

386

451-2147

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
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: Patricia Adams Counseling, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000187149

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

The effective date is noted as 2/1/15. I would like the effective date to be  
changed to 1/1/15. This was a typographical error.

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14 DEC 19 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.

Patricia Adams  
Signature of Authorized Representative

12-15-14  
Date

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