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COVER LETTER

то:	Registratio Division of	n Section	3		ن
		any Coleman Photogr	aphy		
SUBJE	CT:		Name of Limited Liab	pility Company	
Dear Si	r or Madam:				
The enc	losed Staten	nent of Correction and fee(s)	are submitted for filin	g.	
Please r	eturn all cor	respondence concerning this	matter to the followin	g:	
Britta	ny Colem	an			
		Name of Person		_	
Britta	ny Colem	an Photography			
		Firm/Company		_	
14326	6 Coral R	eef Drive South			
		Address		_	
Jacks	sonville, F	Florida 32224			
	····	City/State and Zip Code		_	
brittar	nycolema	nphoto@gmail.com			
E-	mail address	s: (to be used for future annu	al report notification)	_	
For furt	her informat	tion concerning this matter,	please call:		
Britta	ny Colem	ian	904	446-0460	
	N:	ame of Person	at (Area Code	Daytime Telephone Number	
Registra Division Clifton 2661 Ex Tallahas	ation Section of Corpora Building secutive Cen ssee, Florida	ations ater Circle 132301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
		for the following amount:		_	
\$25 }	Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	 \$60 Filing Fee, Certificate of Status & Certified Copy 	
CR2E06	52 (2/14)				

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursu	ant to s	ection 605.0209, F.S., this document is being submitted to correct a previously filed Brittany Coleman Photography			
FIRS	<u>T</u> :	The name of the limited liability company is:			
SECOND: THIRD:		The Florida Document number of the limited liability company is:			
		Document to be corrected is: Registered Agent Name & Authorized Person Name			
	<u>(C</u>	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEM	ENT		
•		ains an incorrect statement. The incorrect statement, the reason the statement is incorrect statement are as follows:			
	The	name of the Registered Agent/Authorized Person is incorrect, because it	28.8		
	was	changed due to a marriage. The name was Brittany K. Kronforst, and is now	SEP -8		
	Britta	any K. Coleman.			
	<u>OR</u>		37°		
		defectively signed. The manner in which the document was defectively signed and the ction are as follows:	he appropriat		
		·			
					
	<u>OR</u>				
	The e	lectronic transmission of the record was defective.			
1	Sit	tous (oleman			
Sĩ	gnature	of Authorized Representative Date			

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)