

LIS000080390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

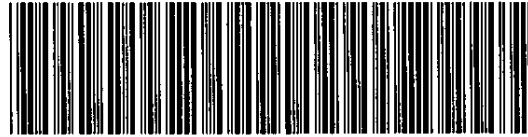
(Business Entity Name)

(Document Number)

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2015 JUN - 1 PM 4: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Extensions of HER, 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:

Carol Sutton

Name of Person

Extensions of HER, LLC

Firm/Company

9601 S.W. 142 Ave. Apt. 221

Address

Miami, FL 33186

City/State and Zip Code

carolwearen@yahoo.com

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

For further information concerning this matter, please call:

Carol Sutton

786

355-0143

Name of Person

at (_____) _____

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: Extensions of HER, LLC

SECOND: The Florida Document number of the limited liability company is: L15000080390

THIRD: Document to be corrected is:
Article IV of the Article of Organization for Florida Limited Liability Company

(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 incorrect statement is that Julian Brown is authorized to manage the LLC in

the status of a manager. The owner and person authorized to manage the LLC.

is Carol Sutton. I would like for Julian Brown name to be removed and replaced

by Carol Sutton as the owner and manager of this company.

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.

Carol Sutton

05/06/2015

Signature of Authorized Representative

Date

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

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2015 JUN - 1 PM 4: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA