

L17000107647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

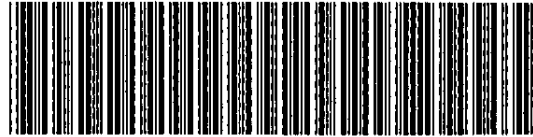
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900299824949

06/05/17--01019--019 **25.00

FILED
17 JUN -5 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN
'JUN-07 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quality Massage AD Therapy and Spa, 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:

J. Mark Ingram

Name of Person

Widerman Malek, PL

Firm/Company

1990 W. New Haven Ave., Ste. 201

Address

Melbourne, Florida 32904

City/State and Zip Code

registeredagent@uslegalteam.com

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

For further information concerning this matter, please call:

J. Mark Ingram

Name of Person

at (321)

Area Code

255-2332

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: Quality Massage AD Therapy and Spa, LLC

SECOND: The Florida Document number of the limited liability company is: L17000107647

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 IV name of AMBR: DONA DELA GARCIA

There is a spacing and spelling typographical error.

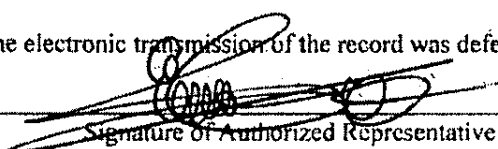
Corrected: DONA DELAGRACIA

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.


Signature of Authorized Representative

05/25/17
Date

FILED
17 JUN -5 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent, and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

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