

L19000 146322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

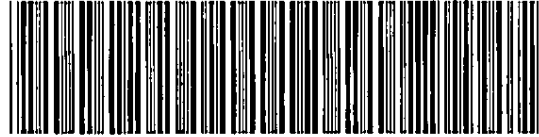
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600332666306

08/06/19--01023--012 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 AUG -6 PM 2:30

Correction

AUG 10 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blessed and Beyond Boutique 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:

Rashida Inez Smith
Name of Person

Blessed and Beyond Boutique LLC
Firm/Company

384 Iowa Street Apt. A
Address

Niceville, FL. 32578
City/State and Zip Code

latricegatisongmail.com + rashidainez.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rose Heather Gatison at (770) 543-9026
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

FILED
19 AUG -6 PM 2:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**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: Blessed and Beyond
Boutique LLC

SECOND: The Florida Document number of the limited liability company is: L19000146322

THIRD: Document to be corrected is: L19000146322

(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:

1) name correction should be (Rashida Inez
Smith) + not Rashida Inez. Typing error
2) The apt # is (A) + not 1. Typing error

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.

Rashida Inez Smith

Signature of Authorized Representative

7/22/19

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 AUG -6 PM 2:30

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.

Rashida Inez Smith

Registered Agent's Signature

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