

L19000149510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

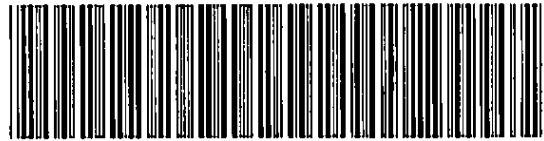
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200330604092

06/28/19--01005--006 \*\*25.00

FILED  
19 JUL 28 PM 6:07  
FBI/DOJ - CIVIL RIGHTS DIVISION

JUL 12 2019  
S. YOUNG

# THE BAIN LAW FIRM P.L.

5057 Tamiami Trail East  
Naples, Florida 34113  
Phone: (239) 434-2294  
Fax: (239) 434-2223  
Email: blb@bainlawfirm.com

June 25, 2019

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**  
**No.: 9414 7118 9956 1464 2862 61**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: PASSION IN THE BONES, LLC – FL Doc. #: L19000149510

Dear Sir/Madame:

The undersigned attorney is the authorized representative of the member on whose behalf the Articles of Organizations for the above-referenced entity was filed electronically on June 5, 2019. After receipt of the email confirming the filing on June 15, 2019, it was discovered that the filing contained an error.

Accordingly, the following documents are enclosed to correct the error:

- Statement of Correction;
- Cover Letter;
- Check in the amount \$25.00; and
- Courtesy copy of the Articles of Organizations filed on June 5, 2019.

As reflected in the enclosures, the purpose is just to correct the statement in Article II of the Articles of Organizations to reflect the correct ZIP Code for the street address of the principal office of the entity (from 34778 to 34788). All other information in the filing is correct.

Thank you in advance for your anticipated prompt attention to this matter. If you have any questions or need anything further, please let me know.

Sincerely,



Basil L. Bain, Esq.

Encls.

CC: Client

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **PASSION IN THE BONES, 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:

**Basil L. Bain, Esq.**

Name of Person

**The Bain Law Firm P.L.**

Firm/Company

**5057 Tamiami Trail East**

Address

**Naples, FL 34113**

City/State and Zip Code

**blb@bainlawfirm.com**

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

For further information concerning this matter, please call:

**Basil L. Bain, Esq.**

Name of Person

**239**

Area Code

**434-2294**

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: PASSION IN THE BONES, LLC

**SECOND:** The Florida Document number of the limited liability company is: L19000149510

**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 II contains an incorrect statement of the Zip Code for the street address of the principal office.

The statement is incorrect because the Zip Code for the street address of the principal office is not 34778 but 34788.

The correct statement of the Zip Code for the street address of the principal office is 34788.

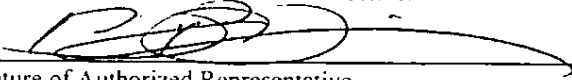
**OR**

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

FILED  
JUL 28 PM 6:07  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

☐ The electronic transmission of the record was defective.

 6/25/19  
Signature of Authorized Representative Date

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)