

L19 000216369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

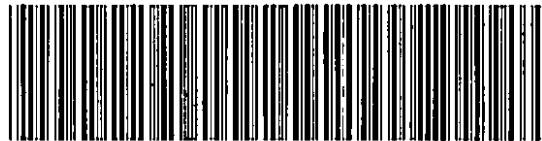
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 OCT 28 AM 12:52

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Y SULKER

OCT 30 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Marvelous Ms. Marketing, 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:

**Tara D. Johnson**

Name of Person

**Marvelous Ms. Marketing, LLC.**

Firm/Company

**1700 N. Monroe St. #11-190**

Address

**Tallahassee, FL 32303**

City/State and Zip Code

**msmarketing@marvelousmsmarketing.com**

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

For further information concerning this matter, please call:

**Tara D. Johnson**

Name of Person

**850**

Area Code

**228-5530**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 17, 2019

MARVELOUS MS. MARKETING, LLC.  
1700 N MONROE ST. #11-190  
TALLAHASSEE, FL 32303

SUBJECT: MARVELOUS MS. MARKETING, LLC.  
Ref. Number: L19000216369

We have received your document for MARVELOUS MS. MARKETING, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 619A00021460

RECEIVED  
2019 OCT 28 AM 11:33

**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: Marvelous Ms. Marketing, LLC.

**SECOND:** The Florida Document number of the limited liability company is: L19000216369

**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:

Please remove William L. Johnson, CTO as the authorized person and replace with me, Tara D. Johnson, CEO

4732 Silent Creek Lane, Tallahassee, FL 32303. I mistakenly put our names in the incorrect places. He

would like to be removed entirely. His number in case you need it: 850-228-9697. My number 850-228-5530.


**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

10/26/19  
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)

**FILED**  
2019 OCT 28 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA