

LA00000 92975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

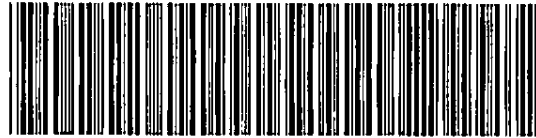
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DIVISION OF CORPORATION
20 OCT - 1 AM 11:12

12/1/2020
DISCUSSING

COVER LETTER

TO: Registration Section
Division of Corporations

Walkula Counseling, LLC

SUBJECT: _____
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:

Martha Elaine Sullivan

Name of Person

Firm/Company

594 Parkside Circle

Address

Crawfordville, Florida 32327

City/State and Zip Code

marthasulli19@gmail.com

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

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STATE OF FLORIDA
DIVISION OF CORPORATIONS
20 OCT - 1 AM 11:12

For further information concerning this matter, please call:

Martha Elaine Sullivan 786 417-0075

Name of Person at () Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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



2020 08 23 PM 12:59

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2020

MARTHA ELAINE SULLIVAN
594 PARKSIDE CIRCLE
CRAWFORDVILLE, FL 32327

SUBJECT: WALKULA COUNSELING LLC
Ref. Number: L20000092975

We have received your document for WALKULA COUNSELING 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):

The document must be signed by a member or an authorized representative of a member.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 720A00016115

**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: Walkula Counseling

SECOND: The Florida Document number of the limited liability company is: L0000092975 L20000092975

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:

Walkula Counseling name is incorrect. The name was typed wrong on the application. Please correct the name of the LLC to be Wakulla Counseling, LLC.

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.

Mentha E. Sullivan
Signature of Authorized Representative

9/28/2020
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)