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TO: Registration Section Division of Corporations Walkula Counseting, 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 Sulfivan			COVER L	ETTER		
SUBJECT:	TO: Registration Division of	n Section Corporations				
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						
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/Ntate and Zip Code marthasuli19@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Martha Elaine Sullivan Name of Person at Table Sullivan Martha Elaine Sullivan Street Address: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314 Street Address: Tailahassee, FL 32314 Street Soft Filing Fee, Cartificate of Status & Certificate of			Name of Limited Lia	bility Company		
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Martha Elaine Sullivan Name of Person 594 Parkside Circle Address Crawfordville, Florida 32327 City/State and Zip Code marthasulli 19@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 417:0075 Martha Elaine Sullivan at (2007) Name of Person at (2007) Mailing Address: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Steet Address: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Stop Filing Fee S30 Filing Fee & S30 Filing Fee & S30 Filing Fee & Certificate of Status & Certificate of Status &	The enclosed Statem	ent of Correction and fee(s)	are submitted for filir	ng.		
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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:

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

 Articles of Organization
 Articles of Organization

 THIRD:
 Document to be corrected is:

(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 Wakula Counseling, LLC.

<u>OR</u>

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

<u>OR</u>

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The electronic transmission of the record was defective. $M_{1} = \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \frac{1}{2$

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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:

Signature of Authorized Representative

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