

120 000 177741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

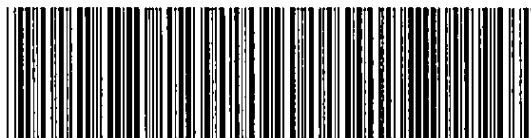
(Business Entity Name)

(Document Number)

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20 JUL 27 AM 11:12  
STATE OF NEW YORK  
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Statement  
of  
Correction

SEP 07 2020

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BODY SCULPTURE & FITNESS 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:

RICHARD LINDSAY

Name of Person

BODY SCULPTURE & FITNESS LLC

Firm/Company

4941 SABLE PINE CIRCLE APT A2

Address

WEST PALM BEACH FL 33417

City/State and Zip Code

MORESERVICEGROUP@GMAIL.COM

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

For further information concerning this matter, please call:

RICHARD LINDSAY at ( 561 ) 797-0884  
Name of Person 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

CR2E062 (9/15)

FILED  
20 JUL 27 PM 11:12  
TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT

**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: BODY SCULPTURE & FITNESS LLC

**SECOND:** The Florida Document number of the limited liability company is: L20000177741

**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:

THE SURNAME "LINDAY" MUST BE CORRECTED TO SPELL AS LINDSAY, INSTEAD OF LINDAY

RICHARD LINDSAY IS THE NAME OF PERSON AUTHORIZED TO MANAGE LLC AS PER ARTICLE V

**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

RICHARD LINDSAY

Signature of Authorized Representative

Date

7/20/22

20 JUL 27 AM 11:12

STATE OF FLORIDA  
DIVISION OF CORPORATE  
REGISTRATION

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.*

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