

L20 000224548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

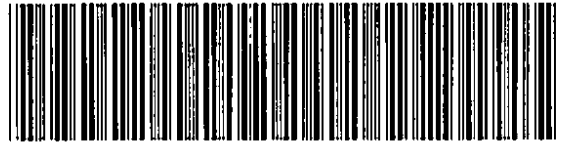
Certified Copies _____

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Special Instructions to Filing Officer:

Sign
Memo 10/13 & 10/21

Office Use Only



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09/01/20--01007--016 **60.00

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TALLAHASSEE, FLORIDA
DEC 18 PM 5:42

FILED

K. SALY

DEC 23 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2020

DESIGNS BY WENDI LLC
WENDI OWENS
4851 BONITA BAY BLVD. #2404
BONITA SPRINGS, FL 34134

SUBJECT: DESIGNS BY WENDI LLC
Ref. Number: L20000224548

We have received your document for DESIGNS BY WENDI LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The document is missing a signature. I have hi-lited the line missing the signature for your convenience. Please sign and return to our office.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 320A00021068

RECEIVED
DEC 18 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Designs by Wendi 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:

Wendi Owens
Name of Person

Designs by Wendi LLC
Firm/Company

4851 Bonita Bay Blvd # 2404
Address

Bonita Springs FL 34134
City/State and Zip Code

wendi@designsbywendi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wendi Owens at (317) 590-8445
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

**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: Designs by Wendi

SECOND: The Florida Document number of the limited liability company is: L20000224548

THIRD: Document to be corrected is: ~~Owner/Manager~~ 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:

Official Owner is Wendra Owens (legal name)
Wendra (Wendi) is listed as a registered agent.
I am actually the owner/manager as well
OR as the registered agent! * need my certificate to be
me as manager to open my
business bank account.

- ☐ 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.

Wendra R. Owens 12/13/20
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.

Wendra Owens
Registered Agent's Signature

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