

L20 000304677

(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, FL

*Statement
of
Correction*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REFINEDBEARDCARELLC.

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:

Patrick Turner

Name of Person

REFINEDBEARDCARELLC.

Firm/Company

8611 woodridge rd

Address

tampa fl, 33619

City/State and Zip Code

refinedbeardcareLLC@refinedbeardcare.com

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

For further information concerning this matter, please call:

Patrick Turner

813

4585107

at ()

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

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SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 24, 2020

PATRICK TURNER
8611 WOODRIDGE RD
TAMPA, FL 33619

SUBJECT: REFINEDBEARDCARELLC.
Ref. Number: L20000304677

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

Querida R Moore
Regulatory Specialist II

Letter Number: 320A00023707



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 FEB 15 8:16

February 15, 2021

PATRICK TURNER
8611 WOODRIDGE RD
TAMPA, FL 33619

SUBJECT: REFINEDBEARDCARELLC.
Ref. Number: L20000304677

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

I tried emailing you twice so I would not have to return the document to you a second time but I have had no response so I am returning it to you. When we filed the articles of organization they were filed in error because you filed the name all as one word which is ok but the LLC indicator must be separated from the name. So please correct the name on this application so it can be filed properly.

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: 621A00003362

**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: REFINEDBEARDCARELLC.

SECOND: The Florida Document number of the limited liability company is: L20000304677

THIRD: Document to be corrected is: article 2

(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 street address of the principal office and mailing address of the LLC should both be changed
from 119046 bruce b downs blvd #1210 tampa fl 33619 to 8611 woodridge rd tampa fl 33619

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.

Patricia J. Wilson
Signature of Authorized Representative

1-3-2021
Date

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TALLAHASSEE, FL

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.

Patricia J. Wilson

Registered Agent's Signature

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