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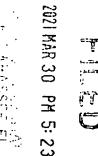
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	8	, COVER LE	TTER
TO: Registration	ı Section		
Division of	Corporations		
	MARYÂS TOTAL	LIFE CHANGII	NG COACHING
SUBJECT:		TRAINING, L	
	3	Name of Limited Liab	ility Company
Dear Sir or Madam:			
The enclosed Statem	ent of Correction and fee(s) a	are submitted for filing	g.
Please return all corr	respondence concerning this r	natter to the following	<u>;</u> :
	Mary A. Etheridge		
	Name of Person	····	-
MARYÂS TO	TAL LIFE CHANGI	NG COACHING	G AND
	TRAINING, L		_
-	Firm/Company		
16	433 E. Burns Drive		
	Address		-
Lo	xahatchee, Fl 33470		
	City/State and Zip Code		-
Mary	/9575@gmail.com		
F-mail address	: (to be used for future annual	I report notification)	-
17 111111111111111111111111111111111111			
For further informati	ion concerning this matter, ple	ease call:	
For further informati	ion concerning this matter, plo	ease call:	389-1059
For further informati Mary		561	_) 389-1059 Daytime Telephone Number
For further informati Mary	A. Etheridge	at (<u>5</u> 61	Daytime Telephone Number Street Address:
For further informati Mary Na Na Mailing Ad Registrati	A. Etheridge me of Person Idress: on Section	at (<u>5</u> 61	Daytime Telephone Number Street Address: Registration Section
For further informati Mary Na <u>Mailing Ad</u> Registrati Division G	A. Etheridge Inc of Person Idress: on Section of Corporations	at (<u>5</u> 61	Daytime Telephone Number Street Address: Registration Section Division of Corporations
For further informati Mary Na Mailing Ad Registrati Division of P.O. Box	A. Etheridge me of Person Idress: on Section of Corporations 6327	at (<u>5</u> 61	Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee
For further informati Mary Na Mailing Ad Registrati Division of P.O. Box	A. Etheridge Inc of Person Idress: on Section of Corporations	at (<u>5</u> 61	Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee
For further information Mary Na Mailing Ad Registration of P.O. Box Tallahasse	A. Etheridge me of Person Idress: on Section of Corporations 6327	at (<u>5</u> 61	Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81
For further informati Mary Na Mailing Ad Registrati Division of P.O. Box Tallahasso	A. Etheridge Inc of Person Idress: on Section of Corporations 6327 ee, FL 32314	at (<u>5</u> 61	Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81

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: MARYÂS TOTAL LIFE CHANGING COACHING AND TRAINING, The Florida Document number of the limited liability company is: L21000068125 SECOND: Name of limited liability company Document to be corrected is: THIRD: (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 ĽΧ statement are as follows:
The incorrect statement is the name of the llc company. It has special characters in the name that are incorrect. The correct name of the llc is: MARY'S TOTAL LIFE CHANGING COACHING AND TRAINING, LLC <u>OR</u> 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. $\Box X$ 03-21-21 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. Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)