

K22000181316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

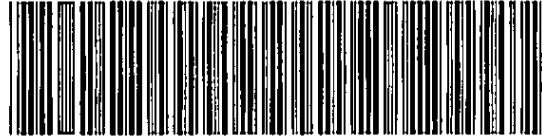
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300388211013

05/25/22--01020--004 **30.00

FILED
2022 MAY 25 PM 1:47
CLERK OF COURT
TALLAHASSEE, FLORIDA

JL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Diana Styles Consulting Group, 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:

S. Elaine Espy

Name of Person

Diana Styles Consulting Group, LLC

Firm/Company

7901 4th St N., Suite 4000

Address

St. Petersburg, FL 33702

City/State and Zip Code

elaine.espy@r2scale.com

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

For further information concerning this matter, please call:

S. Elaine Espy

904

528-1041

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

**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: Diana Styles Consulting Group, LLC

SECOND: The Florida Document number of the limited liability company is: L22000181318

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:

Susan E Espy was listed incorrectly as AMBR

This was an inadvertent mistake - this is a single member LLC and Espy is not an owner.

Should be: Susan E Espy, AR (Authorized Representative)

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.

Diane A Styles

Diane A. Styles

Signature of Authorized Representative

20 May, 2022

Date

FILED
2022 MAY 25 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Registered Agent's Signature

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