

L23000363052

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<b>*</b>		
. <b>`</b>	COVER LE	TTER
TO: Registration Section Division of Corporations		• •
Liferza Counceling, LLC SUBJECT:		
N	lame of Limited Liab	vility Company
Dear Sir or Madam:		
The enclosed Statement of Correction and fee(s) as	re submitted for filin	g.
Please return all correspondence concerning this m	natter to the following	g:
Lissette Fernandez		
Name of Person	-	-
Firm/Company		-
8967 White Sage Loop		
Address		-
Lakewood Ranch/FL, 34202		
City/State and Zip Code		-
fissi286@gmail.com		
E-mail address: (to be used for future annual	report notification)	-
For further information concerning this matter. ple	ase call:	
Lissette Fernandez	941	350-3460
Name of Person	at (Area Code	_) Daytime Telephone Number
Mailing Address: Registration Section		Street Address: Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		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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## 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:\_\_\_\_\_

#### SECOND: The Florida Document number of the limited liability company is: <u>L23000363052</u>

#### (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 word CounCeling needs to be corrected to COUNSELING, the current approved LLC has a grammatical error

there word should be spelled with an S and not a C.

#### <u>OR</u>

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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	LAH	
	ASS	1
OR /	PH 12:	-
The electronic transmission of the record was defective.	814/23	>
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.

Registered Agent's Signature

Filing Fee: Certified Copy:

\$25.00 \$30.00 (optional)