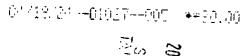


| (Requestor's Name) |
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COVER LETTER

TO:

CR2E062 (9/15)

Registration Section

| Division of Co | orporations | | |
|---|--|--------------------------------------|--|
| CHONDER COR. | Y THOUGHTS LLC | | |
| | | Name of Limited Liab | pility Company |
| Dear Sir or Madam: | | | |
| The enclosed Statement | of Correction and fee(s) a | are submitted for filin | <u>ਕ</u> . |
| Please return all corresp | oondence concerning this r | natter to the followin | g: |
| Gabrielle Pinon | | | |
| | Name of Person | | _ |
| THERAPY THOUGHT | TS LLC | | |
| | Firm/Company | | _ |
| 58 NE 14th STREET, 8 | 320 | | |
| | Address | | _ |
| Miami FL 33132 | | | |
| | City/State and Zip Code | | _ |
| gabriellepinontherapy@ | Pgmail.com | | |
| E-mail address: (to | o be used for future annua | report notification) | _ |
| For further information | concerning this matter, ple | ease call: | |
| Gabrielle Pinon | | 305 at (| 4074444 |
| Name | of Person | Area Code | Daytime Telephone Number |
| Mailing Addre Registration Division of (P.O. Box 63 Tallahassee, | Section Corporations 27 | | 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 | r 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.

THERAPY THOUGHTS LLC

| <u>SECON</u> | | 2 | | | |
|--------------|---|-------------------------|--------|--|--|
| THIRD | : Document to be corrected is: Electronic 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: The name for the person authorized to manage the LLC was input incorrectly. | | | | |
| | No middle name. The correct name is: Gabrielle Pinon | 2021 Table | | | |
| | The address of the registered agent is: 58 NE 14TH STREET, 820 MIAMI FL 33132 | 2024 APR | T) | | |
| | <u>OR</u> | - B | Ŧ | | |
| | Was defectively signed. The manner in which the document was defectively signed and t as follows: | (| on åre | | |
| | OR | | | | |
| | The electronic transmission of the record was defective. | | | | |
| | Signature of Authorized Burresponds live | 13 /2024 | | | |
| | Signature of Authorized Representative Date | | | | |
| _ | e of new registered agent, if applicable :(NOTE: if correcting the registered agent, the neg the designation). | w registered agent must | t sign | | |

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)