L24000 376566



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COVER LETTER

TO: Registratio Division of	n Section *Corporations		
Q Hea	d Spa		
SUBJECT:		 	
	^	lame of Limited Liab	thry Company
Dear Sir or Madam:			
The enclosed Staten	nent of Correction and fec(s) a	re submitted for filing	<u>2</u> .
Please return all cor	respondence concerning this n	ratter to the following	; :
Quyen Diep			
<u> </u>	Name of Person		-
Owner			
	Fum/Company		-
1703 E Burgess Roa	ıd		
	Address		-
Pensacola FL32504			
	City/State and Zip Code		-
dieptoquyen2000@	yahoo.com		
E-mail address	s: (to be used for future annual	report notification)	-
eor turtner intorma Quyen Diep	tion concerning this matter, plo	602	410 0792
(My chi i sich		at ()
N	ame of Person	Area Code	Daytime Telephone Number
Division P.O. Box	ion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a chect	k 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 sec	tion 605,0209, F.S., this document is	s being submitte Q Head Spa	ed to correct a previously filed de	ocument.				
<u>FIRST</u> :	The na	me of the limited liability company	is:						
				1,24000376566					
<u>SECON</u>	<u>iD:</u>	The Florida Document number of	the limited liab tive Date : 08-21						
THIRD	·:	Document to be corrected is:			_				
		CHECK THE APPROPRIATE B	OX AND CON	APLETE THE APPLICABLE	STATEN	4ENT			
							-und		
0		Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:							
	Ljust n	ade wrong effective date; November 01, 1	2024 (this is the d	ate of my plan for grand opening)		<u> </u>			
	Can ye	on help me to change the effective date	08 27 2024 ?			년 2			
					- SSS		•		
					<u>S.</u>	<u> </u>	'		
	<u>OR</u>					į. ()			
					1	C O			
⊡	Was d	efectively signed. The manner in when	hich the docum	ent was delectively signed and th	ie approp	riate co.	rrection are		
	as 1011	UNS.							
									
		<u> </u>							
	<u>OR</u>								
☑	The e	ectronic transmission of the record v	vas defective.						
		ZIMM!		OG / 1	7/0	100	1.		
		Signature of Authorized Repres	entative	Date	112		4		
		•							
		ew registered agent, if applicable it i	NOTE: if correct	ting the registered agent, the nev	v register	ed agen	t must sign		
acceptin	ig the o	lesignation).							
New Ro	gistere	d Agent's Signature, if changing Re t the appointment as registered agen	gistered Agent:	act in this canacity. I further aur	ver to con	mly with	n the		
pravisio	me of i	ll statutes relative to the proper and	' complete perfe	ormance of my duties, and I am I	amiliar w	ith and :	accept the		
obligati reflect a of this c	ı chanş	my position as registered agent as page in the registered office address. It	rovided for in (hereby confirm	hapter 605. F.S. Or, if this docu that the limited liability compan	ment is b y has bee	eing jite n notific	ed to merety ed in writing		
			Registered Age	ent's Signature					
			•	-					
		Fil Certifie	ing Fee: d Copy:	\$25,00 \$30,00 (optional)					