

P21 000078420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

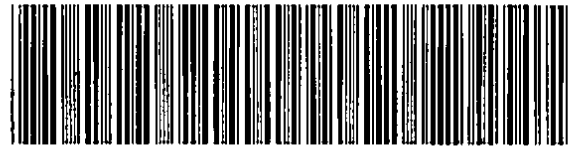
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*Articles of Correction  
Name Change*

DEC 08 2021

D CUSHING

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LYNN J KEARNEY LMST INC

Name of Corporation

**DOCUMENT NUMBER:** P21000078420

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LYNN J KEARNEY

Name of Contact Person

Firm/Company

3301 S OCEAN BLVD., 603

Address

HIGHLAND BEACH, FL 33487

City/State and Zip Code

LYNNJKEARNEY@GMAIL.COM

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

For further information concerning this matter, please call:

KIRSTEN D MESSINA, MBA

at (

954

752-8130

Name of Contact Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRETARY OF STATE  
TALLAHASSEE, FL

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# ARTICLES OF CORRECTION

For

LYNN J KEARNEY LMST INC

\_\_\_\_\_  
Name of Corporation as currently filed with the Florida Dept. of State

P21000078420

\_\_\_\_\_  
Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct Entity Name  
(Document Type Being Corrected)

filed with the Department of State on 9-2-2021  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Entity Name is incorrect

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

Correct name of Entity is: LYNN J KEARNEY LMFT, INC.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



(Signature of a director, president or other officer - If directors or officers have not been selected, by an incorporator - If in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

LYNN J KEARNEY

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35.00**

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TALLAHASSEE, FL

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