

L14 000 100377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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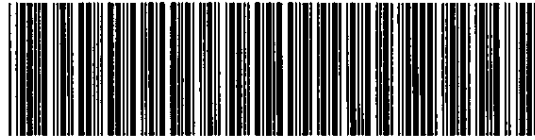
(Business Entity Name)

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14 JUN 30 PM 4:11
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rx Imaging of SCFL LLC

Name of [redacted] 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:

Eric Pelis/e

Name of Person

Forester W-A Pelis/e + Wm. A. Jr PL

Firm/Company

1429 Capital Blvd Suite 201

Address

Rt Myers FL 33907

City/State and Zip Code

Eric@ForesterPL.com

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

For further information concerning this matter, please call:

Alan L Tamara bquwat, 239, 549-2772

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

CR2E062 (2/14)

**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: Rx Imaging of SWFL LLC

SECOND: The Florida Document number of the limited liability company is: L14000100377

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:

Need to add "suite A" to the address
of 506 SE 47th Terrace

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.

Signature of Authorized Representative

6/25/14
Date

FILED
16 JUN 30 PM 4:18
TALLAHASSEE FLORIDA

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