

W22000415699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

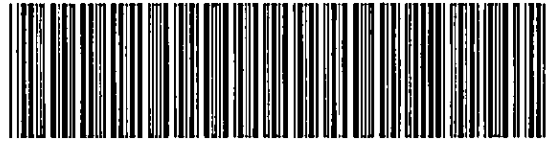
(Business Entity Name)

(Document Number)

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22 OCT 17 AM 7:40
RECEIVED
FILING OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DME Dudes, LLC
Name of Limited 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:

DAVID WINTER
Name of Person

DME Dudes, LLC.
Firm/Company

5030 CHARIOT BOULEVARD G11 #180
Address

BOCA RATON, FLORIDA 33456
City/State and Zip Code

DAVID @ GLY HEALTHCARE, CORP
E-mail address: (to be used for future annual report notification)

22 OCT 17 AM 7:40
REGISTRATION SECTION

For further information concerning this matter, please call:

DAVID WINTER at (561) 776-3532
Name of Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 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.

FIRST: The name of the limited liability company is: DME Dudes, LLC

SECOND: The Florida Document number of the limited liability company is: L22000415699

THIRD: Document to be corrected is: Omitted name of AMBR

(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 AMBR was omitted. It should be included
which is Winter, David 6590 West Regent Circle
10, Boca Raton, Florida 33487

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.

David White 10/5/22
Signature of Authorized Representative Date

22 OCT 17 AM 7:40
STATE OF FLORIDA
DEPARTMENT OF REVENUE

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: \$25.00
Certified Copy: \$30.00 (optional)