A200000000038

(Request	or's Name)
(Address)
(Address	.)
(City/Sta	te/Zip/Phone #)
PICK-UP] WAIT MAIL
(Busines	s Entity Name)
(Docume	ent Number)
Certified Copies	Certificates of Status

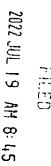
Special Instructions to Filing Officer:

Free Correction due to Original being filed with GP that was not on Record. KB

Office Use Only



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7-19-22 Kyle B

COVER LETTER

TO:	Registration S Division of C				
SUBJ	ECT: JUPITEI	R RH EQUITY INVESTO	RS, LLLP		
		Name of Limited Partner	ship or Limited Lia	bility Li	mited Partnership
The e	nclosed Statem	ent of Correction and	fec(s) are submi	tted for	filing.
Please	e return all corr	espondence concernin	g this matter to:		
Cathy	Scott				
_		Contact Person		_	
Rendir	18 			_	
		Firm/Company			
66! Ut	niversity Boulevar			_	
		Address			
Jupiter	; FL 33458			_	
		City, State and Zip Code			
•	@rendina.com	be used for future annual:		_	
	•				
For fu	ırther informati	on concerning this ma	•		
Cathy	Scott		_at (_561) 630-	5055
Name of Contact Person		Area Code and Daytime Telephone Number			
Enclo	sed is a check	for the following amou	ınt:		
□\$52.	50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	☐\$105.00 Filin and Certified Co	-	☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status
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			

רכם

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of S	tate
2000000638	
Florida Document Number of Limited Partnership or Limited Liability	Limited Partnership
Pursuant to the provisions of section 620.1207, Florida Statutes, this or limited liability limited partnership submits the following statements	• •
or mined hadney mined partnership subtites the following statement	em or correction.
	- .
FIRST: The reason for filing this statement of correction is:	
■The record contained false or erroneous information.	••
☐The record was defectively signed.	
	• •
SECOND: This statement corrects Certificate of Limited Partnership	
Specify document type being filed with the Florida Department of State on December 14, 2020	corrected
Insert date document filed w	ith Dept. of State
THIRD: The false or erroneous information or defect is as follows The Certificate of Limited Partnership incorrectly states that the name of the Gen MU Medical Holdings of Florida, LLC	
FOURTH: The false or erroneous information or defect is corrected. The name of the General Partner is MU Medical Holdings-FL, LLC.	d as follows:
	

Signature of a general partner*: (*Note: If adding or deleting an election to	o be a limited liability limited partnership statement, all general
partners must sign. If adding additional ge	eneral partner(s), the new general partner(s) must sign).
Lee attacked signature	
/	0
Signature(s) of <u>new</u> general partner	(s), if any:
Signature of new registered agent, if appregistered agent must sign accepting the	licable :(NOTE: if correcting the registered agent, the new
registered agent must sign accepting the	designation below)
	tered agent and agree to act in this capacity. I further agree
	tes relative to the proper and complete performance of my the obligations of my position as registered agent.
dutes, and Fam Jamitar with and accept	the obligations of my position as registered agent.
Signati	ure of Registered Agent
Signati	ire of Registered Agent
Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

SIGNATURE PAGE TO STATEMENT OF CORRECTION FOR LIMITED LIABILITY LIMITED PARTNERSHIP

GENERAL PARTNER:

MU MEDICAL HOLDINGS-FL, LLC, a Florida limited liability company

Name:

-David-B:-Rendina---

Title: Vice President