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COVER LETTER

TO: Registratio	n Section f Corporations				
SUBJECT:	WHH LL (Name of	f Limited Liability Co	mpany)	0000 22	238
Dear Sir or Madam:					
The enclosed Article	es of Correction and fee(s) a	re submitted for filing.			
Please return all cor	respondence concerning this	matter to the following	g:		
Dona	Mu L. Bell (Name of Person)				
Donal	d L. Bell,	PA.	_		
1016	Shalines A	rive			
Tallu	hasses Fl. (City/State and Zip Code)	313/2	- , .		
For further informat	tion concerning this matter, p	olease call:			
Done	ld C. Rell	at (\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	385-9568		
V (N	lame of Person)	(Area Code a	& Daytime Telephone Number	?)	
STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	n itions iter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231	07 SEL JALL	
Enclosed is a check	k for the following amount:	:		7 FEB	П
\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status Certified Copy	28 PM ARY OF SSEELF	
CR2E062 (08/05)				4: 42 STATE LORID	_

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is: WHH Healtheure, LLC			
SECO:	ND: The articles of organization or the application to transact business			
(<u>C</u> H	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	ATEM	<u>ent</u>	
Z.	Contains an incorrect statement. The incorrect statement, the reason the statement are as follows: Left out of the company name, more should be corrected to be Health care, LLC	tement Levi	is heat l	- - -
	Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	y signed	d and	_
Dated:	Signature of a member or authorized representative of a member Data L. Be Typed or printed name of signee	SECRETARY OF STATE	07 FEB 28 PM 4: 42	
	Filing Fee: \$25.00			

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