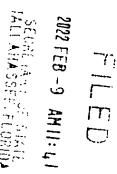
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## **COVER LETTER**

ŢO: Re	egistration ivision of (	Section Corporations		•				
SUBJECT	.MEDIC	AL SPECIALTIES GROU	IP OF LOUISIANA,	LLC				
	Name of Limited Liability Company							
Dear Sir or	Madam:							
The enclose	ed Stateme	nt of Correction and fee(s)	are submitted for fili	ng.				
Please retur	n all corre	spondence concerning this	matter to the following	ng:				
MARK L'H	IOMMED	ŒU		•				
		Name of Person		_				
MEDICAL	SPECIAL	TIES GROUP OF LOUIS	IANA, LLC					
		Firm/Company		_				
815 South F	Palafox Str	eet, Third Floor						
		Address		_				
Pensacola, 1	Florida 325	502						
		City/State and Zip Code						
mark@ahpa	irtners.us							
E-mail	address: (	to be used for future annua	l report notification)					
For further i	nformation	concerning this matter, pl	ease call·	· ·				
Mark L'Hon		, p.	904	616 7256 "				
		of Person	at (	616-7355				
			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 fo	r 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

Pursua	int to sec	tion 605.0209, F.S., this document is being submitted to correct a previously filed doc	ument.						
		me of the limited liability company is:		202					
	_		22	13. 13.	_ 				
SECO	ND:	The Florida Document number of the limited liability company is:	00 2 00 2 01 - 1	49					
THIRD: Docu		Document to be corrected is: Annual Report filed 2/1/2022		AH					
	(0	CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	EATEMI	T.	البيك				
Ø	Contair stateme	ns an incorrect statement. The incorrect statement, the reason the statement is incorrect are as follows:	ct, and the	e correct	ed				
	(1) The	Principal Place of Business and Mailing Address of the Company is incorrect - the corre	ct Princip	al Place					
of Business and Mailing Address is: 815 South Palafox St., Third Floor Pensacola, FL 32502; (2) The Registered									
	Agent i	s incorrect. The correct RA is Mark L'Hommedieu, 815 South Palafox St. Third Floor Per	nsacola FL	. 32502	_				
	<u>OR</u>				_				
<b>2</b>	Was de as follo	fectively signed. The manner in which the document was defectively signed and the ws:	appropria	te correc	ction are				
	The Re	port was signed by Dan Levitan as Executive V. P. for purported Manager, Invictus Holdi	ngs Delav	are Inc.	-				
	Invictus	Invictus Holdings is not a manager of the Company, nor is it or Mr. Levitan authorized to sign on behalf of the							
	Compai	ny. Mr. Mark L'Hommedieu is a manager of the Company and is authorized to sign.			-				
	<u>OR</u>				_				
0	The ele-	ctronic transmission of the record was defective.	. 1						
		Signature of Authorized Representative Date	8/2	2_	_				
G:	•		,						
acception	re of nev ng the de	registered agent, if applicable: (NOTE: if correcting the registered agent, the new resignation).	gistered :	agent mu	ıst sign				
ı nereoj provisio obligati	y accept ions of all ons of m ochange	Agent's Signature, if changing Registered Agent: the appointment as registered agent and agree to act in this capacity. I further agree to statutes relative to the proper and complete performance of my duties, and I am family position as registered agent as provided for in Chapter 605, F.S. Or, if this document in the registered office address, I hereby confirm that the limited liability company here	liar with	and acce	pt the				
		Registered Agent's Signature	-						

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

CR2E062 (9/15)