

L13000071551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

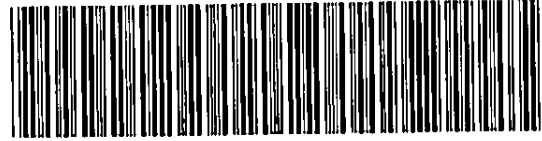
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Tallahassee, FL 32312

Date: 08/07/2024

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Eric D. W.

Name:	One Home Medical Equipment, LLC
Document #:	
Order #:	15805436

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
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 Verifier _____
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Amount: \$ **55.00**

Thank you!

**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: ONE HOME MEDICAL EQUIPMENT, LLC

SECOND: The Florida Document number of the limited liability company is: L13000077551

THIRD: Document to be corrected is: Articles of Amendment

(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:

Cassie L. Hoff, Vice President, Strategy Advancement name was incorrectly misspelled.


Correct spelling is: Cassie Leigh Houff, Vice President, Strategy Advancement.

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 Date
Joseph Matthew Ritschell 8-7-24

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)

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