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J. Silvers APR 1 7 2014

COVER LETTER

TO:

Registration Section

Division of	Corporations		
MED SUBJECT:	TECH DISCOVERY	GROUP, LLC	
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Statem	nent of Correction and fee(s)	are submitted for filin	g.
Please return all corn	respondence concerning this	matter to the following	g:
BRENT WENT	F		
	Name of Person		-
SHEIN & WEN	TE CPA		
	Firm/Company		-
2627 W EAU G	ALLIE BLVD #101		
	Address		-
MELBOURNE,	FL 39235		
	City/State and Zip Code	,	_
SKEMPS@SPI	ECTRUMCAP.COM		
E-mail address	: (to be used for future annu	al report notification)	-
	ion concerning this matter, p	olease call:	
BRENT WENT		321 at (394-1300 _)
Na	ame of Person	Area Code	Daytime Telephone Number
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
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
CR2E062 (2/14)			

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. The name of the limited liability company is: MEDTECH DISCOVERY GROUP, LLC **FIRST**: The Florida Document number of the limited liability company is: L13000080954 SECOND: THIRD: Document to be corrected is: (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: Incorrect: Emilio Coppola as member Reason: Mr. Emilio Coppola has not been a member of this organization Proper: Scott Kemps is only member of this LLC. <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. 4/14/2014 Signature of Authorized Representative Date

> Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)