

L13000130838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

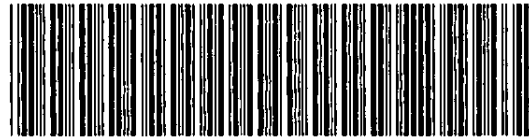
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000251965440

09/26/13--01013--005 **30.00

FILED
13 SEP 26 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **INTEGRATIVE SPINE & SPORT, LLC**

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bonne Z. Scheflin

Name of Person

Scheflin Law Group, P.A.

Firm/Company

9900 Stirling Road, Suite 301

Address

Cooper City, FL 33024

City/State and Zip Code

bscheflin@scheflinlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bonne Z. Scheflin

Name of Person

at **954** **862-2262**

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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 (4/13)

FILED
13 SEP 26 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

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

FIRST: The name of the limited liability company is:
INTEGRATIVE SPINE & SPORT, LLC

SECOND: The articles of organization or the application to transact business

(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:

The incorrect statement is in the Company Name. I (Attorney for Company)

inadvertently left out the letter "s" on the word "Sport".

The Corrected Name of the LLC is: INTEGRATIVE SPINE & SPORTS, LLC

The name needs correction so that the word "Sport" is corrected to "Sports".

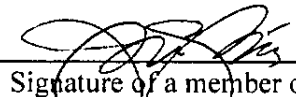
OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

13 SEP 26 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated: September 17, 2013.



Signature of a member or authorized representative of a member

José Juan Díaz

Typed or printed name of signee

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