

L13000135567

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 21 2013

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEHAVIOR HEALTHCARE CONSULTANTS, 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:

LAZARO J PEREZ J.D.

Name of Person

LAZARO J PEREZ PLLC

Firm/Company

1699 CORAL WAY, SUITE 315

Address

MIAMI, FL 33145

City/State and Zip Code

YR@LJPTAX.COM

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

For further information concerning this matter, please call:

LAZARO J PEREZ JD at (305) 858-2614

Name of Person

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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|

**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:
BEHAVIOR HEALTHCARE CONSULTANTS, LLC. - DOC#L13000135567

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 NAME IS INCORRECT

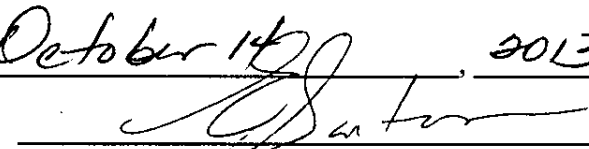
THE ENTITY'S NAME SHOULD BE:

BEHAVIORAL PRACTICE CONSULTANTS, LLC.

OR

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

Dated: October 14, 2013


Signature of a member or authorized representative of a member

EDELMIRA SANTANA

Typed or printed name of signee

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

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