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COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT: ZA	JTRACODITAL E,	NT & FACIAL.	surcery, pulc
***************************************	Na	une of Limited Liabilit	у Сопърапу
Dear Sir or Madam:			
The enclosed Statem	ent of Correction and fee(s)	are submitted for filin	i α
Please return all corre	espondence concerning this	s matter to the followin	g:
SIONEY	S. SIMMONS		
	Name of Person		_
***************************************	Fini/Company		_
1050 RIVI	ERSIDE DUENU	•	
	Address		_
Jacksonu	ille, FLORIDA 3	2204	
	City/State and Zip Code		
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E-mail address:	(to be used for fixture amu	nalreport notification)	
For firther information	on concerning this matter, p	okase call:	
			0.14-11-0.5
SIDNEY S	ne of Person	at (404 Area Code	Daytine Telephone Number
STREET/COURIE	R ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporati	inne		Registration Section
Cliffon Building	D18		Division of Corporations P.O. Box 6327
2661 Executive Cente			Tallahassee, Florida 32314
Tallaliassee, Florida 3	32301		
Enclosed is a check	for the following amount:	:	
\$25 Filing Fee	S30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (12/13)			

2014 JAN 21 PM 1:52

STATMENT 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.

<u> </u>	In the limited hability company is: INTRACOASTAL ENT & FACIAL SURGERY	1, pue	
SECON	Document to be corrected is: ARTICLES OF ORCANIZATION		
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICA	BLE STATEMEN	T
	Contains an incorrect statement. The incorrect statement, the reason the and the corrected statement are as follows:	statement is incor	rect
***	ARTICLE III - ZIP CODE OF PRINCIPAL	office	20
_	SHOULD BE 32034		2014 JAH
		1.37	121
	\$147991		
<u></u>	<u>DR</u>	21	7.5
	Was defectively signed. The manner in which the document was defecting appropriate correction are as follows:	vely signed and th	ıe
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		MT 10 10 10 10 10 10 10 10 10 10 10 10 10	
			
<u>c</u>	<u>OR</u>		
Т	The electronic transmission of the record was defective.		
Sign	inture of Authorized Representative Date	2014	
OISTE	ment of Administrative Date		
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CR2E062 (12/13)