

L14000048575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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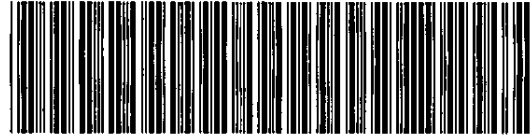
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 04 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gleydys Salgado, MD, LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Gleydys Salgado Cardoso
Name of Person

Firm/Company

7876 Andora Drive
Address

SARASOTA FL 34238
City/State and Zip Code

Gleydys@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gleydys Salgado at (805) 896 8056
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:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

**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: _____

Gleydys Salgado, MD, LLC

SECOND: The Florida Document number of the limited liability company is: L14000048575

THIRD: Document to be corrected is:

(name of the LLC) Gleydys Salgado, MD, LLC

(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:

I want to change the name OF the LLC

Incorrect: Gleydys Salgado, MD, LLC

Correct: Mind Wellness, LLC.

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

3/31/2014

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

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TALLAHASSEE, FLORIDA