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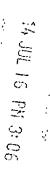
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COVER LETTER

TO: Registration Section Division of Corporations			
PODIATRY LAB PARTNERS, LLC SUBJECT:			
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Statement of Correction and fee(s) are submitted for fil	ing.		
Please return all correspondence concerning this matter to the follow	ing:		
DANIEL HURT			
Name of Person	_		
DCMI			
Firm/Company			
2323 DELMAR PLACE			
Address			
FT LAUDERDALE, FL 33301			
City/State and Zip Code	_ 		
DANHURT@WCOIL.COM			
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:			
DAN HURT 954	800-3000		
Name of Person Area Coc	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 Use \$30 Filing Fee & Certificate of Status Certified Copy	S60 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: PODIATRY LAB PARTNERS, LLC FIRST: The Florida Document number of the limited liability company is: L14000097054 **SECOND:** Document to be corrected is: THIRD: ARTICLES OF ORGANAZATION (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 MGR AALS CONSULTING, LLC is incorrect. The correct MGR name should be AALS CONSULTING, INC. 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 Representant

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)