

L14000097441

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2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPTIMUMD WELLNESS CENTERS, 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:

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 at (**954**) **800-3000**
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: OPTIMUMD WELLNESS CENTERS, LLC

SECOND: The Florida Document number of the limited liability company is: L14000097441

THIRD: Document to be corrected is:
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 Representative Date 7-15-14

14 JUL 16 PM 3:05

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