

L14000097441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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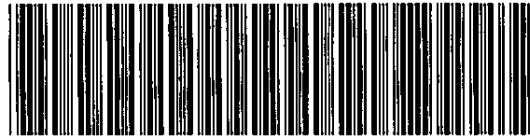
(Business Entity Name)

(Document Number)

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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

954

800-3000

Name of Person

at ()

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

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.

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

7-15-14
Date

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