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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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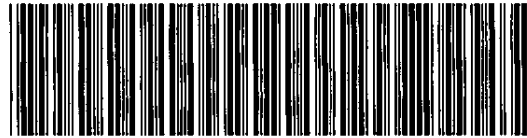
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIVERSAL MENTAL HEALTH SERVICES 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:

TYKEASHA BROWN

Name of Person

UNIVERSAL MENTAL HEALTH SERVICES LLC

Firm/Company

510 N.W. 199 STREET

Address

MIAMI, FL. 33169

City/State and Zip Code

cinije@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tykeasha Brown 305 724-9497
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: UNIVERSAL MENTAL HEALTH SERVICE

SECOND: The Florida Document number of the limited liability company is: L14000109363

THIRD: Document to be corrected is:
TYKEASHA BROWN

(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:

TYKEASHA was spelt wrong, I had a space in between the Ty and k. The correct
spelling is TYKEASHA BROWN.

OR

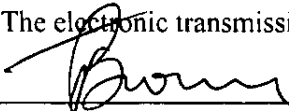


Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR



The electronic transmission of the record was defective.


Signature of Authorized Representative

8/5/2014
Date

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