

L14000134702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

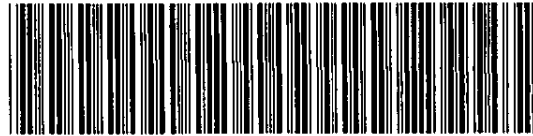
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000264352140

RECEIVED
DEPARTMENT OF STATE
OFFICE OF THE CLERK
2014 SEP 24 PM 2:03
TO ACCELERATE
SUFFICIENCY OF FILING

FILED
2014 SEP 24 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan SEP 25 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 274044 4810371

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : August 27, 2014

ORDER TIME : 12:08 PM

ORDER NO. : 274044-015

CUSTOMER NO: 4810371

DOMESTIC AMENDMENT FILING

NAME: HERO HEALTH LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

**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: Hero Health LLC

SECOND: The Florida Document number of the limited liability company is: L14000134702

THIRD: Document to be corrected is:
Articles of Organization

(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 name of the Limited Liability Company is: HERO HEATHLH LLC. Two of the
letters are transposed.

The correct name of the Limited Liability Company is: HERO HEALTH 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.

J. Witt
Signature of Authorized Representative

9/24/14
Date

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 SEP 24 AM 9:49

FILED