L15000142194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
AUG 9

August 4, 2016

VIA USPS
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: TRC South Enterprises, LLC

Dear Sir/Madam:

Enclosed please find the following regarding the above referenced Company:

1. Cover letter; and
2. Statement of Correction along with a copy of the Articles of Organization.

Please file the Statement of Correction with your office. I have enclosed a check in the amount of $25.00 to cover the filing fees.

I thank you in advance for your attention and cooperation. Should you have any questions or need any additional information please do not hesitate to contact me.

Sincerely,

Tyler Chowdhry

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** TRC South Enterprises 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:

Tyler Chowdhry
Name of Person

Firm/Company

49 N Federal Hwy Suite 269
Address

Pompano Beach, FL 33062
City/State and Zip Code

tyler.chowdhry@libertymedicalstaffing.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyler Chowdhry at (561) 9295228
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

CR2E062 (9/15)

**STATEMENT OF CORRECTION**
**FOR**
**FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED
2016 AUG -8 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: TRC South Enterprises, LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000142194

**THIRD**: Document to be corrected is: ~~Company Name~~ ARTICLES OF ORGANIZATION

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT**

[X] Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

TRC South Enterprises, LLC is incorrect name of the company.

The correct name of the company is: Liberty Medical Staffing, 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.

Signature of Authorized Representative Date

Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:
*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

8/4/16
Registered Agent's Signature

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