

L15000142194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

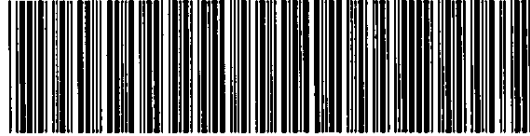
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

K. SALY
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,

A handwritten signature in black ink, appearing to read 'Tyler Chowdhry', with a stylized, flowing script.

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

Name of Person

at **561** **9295228**

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: 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)

☒ 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.

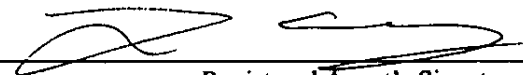
Signature of Authorized Representative

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.



Registered Agent's Signature

8/4/16

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