

4500211850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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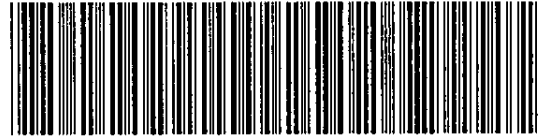
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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alegro Health Solutions, 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:

Wyatt I. Hendricks
Name of Person

Alegro Health Solutions LLC
Firm/Company

600 1357 Town St. Rd
Address

Tallahassee FL 32305
City/State and Zip Code

whendricks@alegrohc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wyatt Hendricks at (850) 251-5688
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

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**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:

Negro Health Solutions, LLC.

SECOND: 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:

Document should have included effective
date of 1/1/2016

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]

Signature of Authorized Representative

5/20/2016

Date

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