Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000104220 3)))



H160001042203ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LCCKE LORD LLP Account Number : 075410001517

Phone : (561)820-0260 Fax Number : (888)325-9197

Enter the email address for this business entity to be used for future annual report mailings. Enter only one small address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEW WORLD ANGELS INVESTORS IX-B (OBMEDICAL), LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

APR 2 8 2016

Y SULKER

(((H16000104220 3))

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuan	nt to sec	tion 605.0209, F.S., this document is being submitted to correct a pre	viously filed docum	ient.				
FIRST:	: The na	ame of the limited liability company is: NEW WORLD AN	NGELS INV	EST	ORS			
		IX-B (OBMEDICAL), LLC						
SECON	ND:	The Florida Document number of the limited liability company is:	L16000071	479				
THIRD	<u>D</u> :	Document to be corrected is:		<u></u> -				
	Ĺ	CHECK THE APPROPRIATE BOX AND COMPLETE THE A	PPLICABLE STA	TEME	NT			
K		Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:						
	Artic	cle I of the Articles contains a typographical error	in the name o	f the !	imited			
	liabil	ity company. Article I of the Articles should read: The	name of the Lin	nited l	_iability			
	Con	pany is: NEW WORLD ANGELS INVESTORS:	XI-B (OBMED	CAL), LLC			
	<u>OR</u>							
	Was d as foll	efectively signed. The manner in which the document was defectivelows:	y signed and the ap	ргоргіа	te correcti	ion are		
				1	76			
				· · · · · · · · · · · · · · · · · · ·	APR.			
					- 63			
	<u>OR</u>				I .			
×	The el	extronic transmission of the ecord was defective.			 _9	- *"		
		Drelle Z W	Apri	1-27,	<u> 2016</u>	,		
	JON	Signature of Authorized Representative	Date		•			
		registered agent, if applicable :(NOTE: if correcting the registered lesignation).	d agent, the new reg	istered	agent mus	st sign		
	- •	d Agent's Signature, if changing Registered Agent:						
I hereby provision obligati	y accep ons of a ions of a chang	t the appointment as registered agent and agree to act in this capacit ill statutes relative to the proper and complete performance of my dut my position as registered agent as provided for in Chapter 605, F.S. we in the registered office address, I hereby confirm that the limited li	ies, and I am famili Or, if this document	ar with t is bein	and accepting filed to	pt the merely		
		Registered Agent's Signature						
		Filing Fee: \$25.00 Certified Copy: \$30.00 (o	ptional)					