

LM000195615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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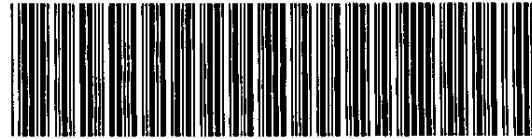
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CEDA HEALTHCARE MANAGEMENT, 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:

CASSIE SAHLBACH

Name of Person

CEDA HEALTHCARE MANAGEMENT, LLC

Firm/Company

2014 SEMINOLE BLVD.

Address

WEST PALM BEACH, FL. 33409

City/State and Zip Code

CEDAHEALTHCARE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CASSIE SAHLBACH at (**561**) **324-9327**
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

**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: CEDA HEALTHCARE MANANGEMENT, LLC

SECOND: The Florida Document number of the limited liability company is: L16000195615

THIRD: Document to be corrected is: THE ARTICLES OF ORGINIZATION TITLE MGR NAME

(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:

**NAME CHANGE, ORIGINALLY FILED CASSIE KASPER
AND NEED TO CORRECT NAME TO CASSIE SAHLBACH**

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 10/27/2016

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

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