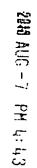
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August 6, 2018

SECOND REQUEST LISA G LEATH 13800 DEER CHASE PLACE JACKSONVILLE, FL 32224

SUBJECT: THE HEALING CLINIC OF FLORIDA, LLC

Ref. Number: L17000224309

We have received your document for THE HEALING CLINIC OF FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 718A00015004

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

www.sunbiz.org

August 6, 2018

Registration Section
Division of Corporations
ATTENTION: Brittany
2661 Executive Center Circle
Clifton Building
Tallahassee, FL 32301

Reference: The Healing Clinic of Florida

Statement of Correction for LLC, Amendment

DOCUMENT# L17000224309

Hi Brittany,

Please find attached the paperwork for the amendment of the LLC, The Healing Clinic of Florida.

I understand that the previous paperwork I sent on July 12, 2018 was returned to The Healing Clinic of Florida on July 21, 2018 to 4063 Salisbury Road, Suite 205, Jacksonville, FL 32216.

I was not notified that the paperwork was returned until I called your office today to see why the amendment had not been filed.

Per our conversation today, I was told that the filing fee of \$25.00 was posted to the account.

I am returning the completed, signed paperwork for the amendment.

If you will, please contact me at 904-545-5700 to let me know when you receive the attached paperwork and that you have everything necessary to make the changes.

Thank you in advance for your help with this matter.

Lisa G. Leath

Lusa G. Leath

The Healing Clinic of Florida, LLC AR

COVER LETTER

TO: Registration Section **Division of Corporations** The Healing Clinic Of Florida, 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: Lisa G. Leath Name of Person The Healing Clinic Of Florida, LLC 4063 Salisbury Road, Suite 205 Jacksonville, FL 32216 City/State and Zip Code thehealingclinicofflorida@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ₋isa G. Leath Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$25 Filing Fee \$30 Filing Fee & S55 Filing Fee & S60 Filing Fee.

Certified Copy

Certificate of Status & Certified Copy

CR2E062 (9/15)

Certificate of Status

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: The Healing Clinic Of Florida, LLC

ECOND:	The Florida Document number of the limited liab	ility company is: L1700022	4309		
THIRD: Document to be corrected is: 2018 Florida Limited Liability Company			Annual Report		
	(CHECK THE APPROPRIATE BOX AND COM				
	tains an incorrect statement. The incorrect statement, ement are as follows:	the reason the statement is incorrect	ct, and the o	orrecte	d
Alo	onzo A. Boyd, 53 Holburn Ave., Cranstor	, RI 02910 should be add	led as ar	ı AR.	
Lisa	a G. Leath, 13800 Deer Chase Place, Jackson	nville, FL 32224, should be lis	ted only a	s AR.	
Om	nission of Mr. Boyd and miscategorization of M	s. Leath were inadvertent and	not inten	tional.	
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