L18000125496

(Re	equestor's Name)	
(Ad	tdress)	
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2077 AUG 19 PM 12: 09

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE			
(850) 524-5437	•		
(850) 524-6243	` -		
PLEASE use funds from ACCT: 120210000160: \$3 Authorization Signature: face full Equity Healthcare Consulting, LLC L180001254	496		
Business Name	Document #		
Walk in	Pick up time		
Mail out	Will wait		
Photocopy			
Certified Copy (s) *			
Certificate of Status			
NEW FILINGS	<u>AMMENDMENTS</u>		
Profit Not for Profit Limited Liability Domestication Other CORP	X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversionArticles of Conversion		
OTHER FILINGS	REGISTRATION/QUALIFICATIONS		
Annual Report	Foreign filing Limited Partnership		
Fictitious Name	Reinstatement		
APOSTIL ()S	TATEMENT OF AUTHORITY		

EXAMINER'S INITIALS:____

COVER LETTER

TO: Registration Se Division of Cor			
Equity He	althcare Consulting, LLC		
SUBJECT:	N	ame of Limited Liab	lity Company
Dear Sir or Madam:			
The enclosed Statement	of Correction and fee(s) ar	e submitted for filing	ļ.
Please return all corresp	ondence concerning this m	atter to the following	:
Andrew Gaunce			
1. 2	Name of Person	· <u>·</u>	•
Gaunce Law, PLLC			
	Firm/Company		-
2525 1st Ave S			
	Address	<u></u>	-
St Petersburg, FL			
	City/State and Zip Code		-
andy@gauncelaw.com			
E-mail address: (to	be used for future annual	report notification)	-
For further information	concerning this matter, ple	ease call:	
Andy Gaunce		727	614-0550
Name	of Person	at (Area Code	Daytime Telephone Number
Mailing Addro Registration Division of P.O. Box 63 Tallahassec	Section Corporations 27		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check fo	r 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

FILED

2022 AUG 19 PM 12: 09 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: _____ Equity Healthcare Consulting, LLC The Florida Document number of the limited liability company is: L18000125496 SECOND: Articles of Amendment, filed on August 18, 2022 Document to be corrected is: THIRD: (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: The articles of amendment incorrectly state that the Company desires to amend its Articles of Organization to change the Company's name to Equity Healthcare Consulting, LLC. The articles of amendment should be corrected to reflect the Company desires to change its name to Equality Healthcare Consulting, 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. 08/19/2022 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

> Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)