

L18000125496

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2022 AUG 19 PM 12:09

TALLAHASSEE, FLORIDA

2022 AUG 19 PM 4:56

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL. 32309
(850) 524-5437
(850) 524-6243

PLEASE use funds from ACCT: 120210000160: \$30.00

Authorization Signature: *James Hill*
Equity Healthcare Consulting, LLC L18000125496

Business Name

Document #

Walk in

Pick up time

Mail out

Will wait

Photocopy

Certified Copy (s)

Certificate of Status

NEW FILINGS

Profit

Not for Profit

Limited Liability

Domestication

Other

CORP

AMMENDMENTS

Amendment

Resignation of R.A. Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

Merger

Conversion

Articles of Conversion

OTHER FILINGS

Annual Report

Fictitious Name

APOSTIL ()

Country

REGISTRATION/QUALIFICATIONS

Foreign filing

Limited Partnership

Reinstatement

STATEMENT OF AUTHORITY

EXAMINER'S INITIALS: _____

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED

2022 AUG 19 PM 12:09

**SECRETARY OF STATE
TALLAHASSEE, FL**

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

SECOND: The Florida Document number of the limited liability company is: L18000125496

THIRD: Document to be corrected is: Articles of Amendment, filed on August 18, 2022

(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:

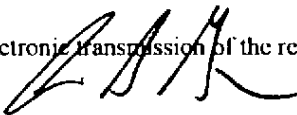
The articles of amendment incorrectly state that the Company desires to amend its Articles of Organization to
change the Company's name to Equity Healthcare Consulting, LLC. The articles of amendment should be corrected
to reflect the Company desires to change its name to Equality Healthcare Consulting, 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.



Signature of Authorized Representative

08/19/2022

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