L18000254500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Pursuant to 605.0209(5)
NO fee required -
Notice sent 11/1/18 via
email -

Office Use Only

Rec. Stm. of Correction
by USPS on 11/15/18
Track # 7017 3380 0000 2273 4993

700317641227

2018 NOV 15 PM 12:09

M. MILLIGAN
NOV 26 2018

IACONE
LAW P.A.

Iacone Law, P.A.
2525 Ponce de Leon Blvd.,
Suite 300
Coral Gables, FL 33134
Tel: +1 (786) 773-2045
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ron@iaconelaw.com

November 9, 2018

SENT VIA CERTIFIED MAIL NO. 7017 3380 0000 2273 4993

Michelle Milligan
Senior Section Administrator/Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Statement of Correction for Club Medico Mundial USA, LLC
L18000254500

Dear Ms. Milligan:

Pursuant to our conversation, please find enclosed herein the following documents:

- Cover Letter;
- Statement of Correction;
- Attachment to Statement of Correction;
- Proof of Notice of Filing referencing date of November 1, 2018; and
- § 605.0209(5) referencing no filing fee applicable if delivered within 15 days after notice of filing.

Feel free to reach out to me directly if you have any questions regarding the Statement of Correction or any of the other documents enclosed herein.

Cordially,

Ronald C. Iacone Jr., Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLUB MEDICO MUNDIAL USA, 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:

Ronald C. Iacone Jr., Esq.
Name of Person

Iacone Law, P.A.
Firm/Company

2525 Ponce de Leon Blvd., Suite 300
Address

Coral Gables, FL 33134
City/State and Zip Code

ron@iaconelaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald C. Iacone Jr., Esq. at (786) 773-2045
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: ****No Filing Fee applicable pursuant to § 605.0209(5)****

~~☐ $25 Filing Fee~~ ☐ ~~$30 Filing Fee &~~ Certificate of Status ☐ ~~$55 Filing Fee &~~ Certified Copy ☐ ~~$80 Filing Fee:~~ Certificate of Status & Certified Copy

CR2E062 (9/15)

2018 NOV 15 PM 12:00

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: CLUB MEDICO MUNDIAL USA, LLC

SECOND: The Florida Document number of the limited liability company is: L18000254500

THIRD: Document to be corrected is: Articles of Organization

(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:

See attached.

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.

11/09/2018

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

STATEMENT OF CORRECTION
FOR
FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

THIRD: Document to be corrected is: Articles of Organization

The incorrect statements are as follows:

- Name: Club Medico Mundial USA, LLC
- Registered Agent: Luz H Villalobos, 9737 NW 41st Street, #843, Doral, FL 33178
- Person authorized to Manage: Francisco J Munoz, 9737 NW 41st Street, #843, Doral, FL 33178

The reason the statements are incorrect:

- All statements are false and misleading.

The corrected statements are as follows:

- Name: Club Medico Internacional USA, LLC
- Registered Agent: Iacone Law, P.A., 2525 Ponce de Leon Blvd., Suite 300, Coral Gables, FL 33134
- REMOVE as a person authorized to manage Francisco J Munoz, 9737 NW 41st Street, #843, Doral, FL 33178