

L200000012395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

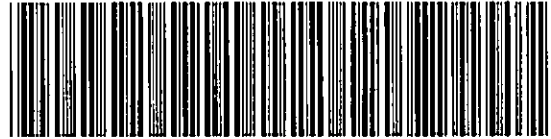
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/05/20--01022--018 **25.00

20 JUN -5 PM 2:29

JUN 24 2020
C. MCNALLY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Speech Therapy Miami 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:

Adalys Iglesias Rivera

Name of Person

Speech Therapy Miami LLC

Firm/Company

1301 SW 138th CT

Address

Miami FL 33184

City/State and Zip Code

speechtherapymiami@gmail.com

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

For further information concerning this matter, please call:

Adalys Iglesias Rivera

305 873-9589
at ()

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|

20 JUN -5 PM 3:25
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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

20 JUN -5 PM 2:29

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: Speech Therapy Miami LLC

SECOND: The Florida Document number of the limited liability company is: L20000012395

THIRD: Document to be corrected is: The 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:

Please change the Title for Adalys Iglesias Rivera from MGR to AMBR (Authorized Member).

After the correction is made, Adalys Iglesias Rivera should be the Registered Agent AND her title should be AMBR

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

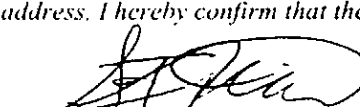
06/01/2020

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)