

L200000 40574

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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S TALLENT  
APR 22 2020

2020 APR 20 PM 12:53

Statement  
of  
Corrections  
NFC



2020 APR 20 PM 4:36

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 19, 2020

ANNIA Y RUBIO  
ANNIA JM BEHAVIORAL HEALT LLC  
6536 SW 134TH PLACE  
MIAMI, FL 33183-5023

SUBJECT: ANNIA JM BEHAVIORAL HEALT LLC  
Ref. Number: L20000040574

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ON THE THIRD LINE, THE DOCUMENT TO BE CORRECTED SHOULD BE  
THE ARTICLES OF ORGANIZATION INSTEAD OF ENTITY NAME.  
THERE MUST BE A SIGNATURE INSTEAD OF A TYPED NAME.

Please return 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) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 420A00006026

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANNIA JM BEHAVIORAL HEALT 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:

Annia Y Rubio

\_\_\_\_\_  
Name of Person

ANNIA JM BEHAVIORAL HEALT LLC

\_\_\_\_\_  
Firm/Company

6536 sw 134 th place

\_\_\_\_\_  
Address

Miami, FL, 33183-5023

\_\_\_\_\_  
City/State and Zip Code

anniarubio@yahoo.com

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

For further information concerning this matter, please call:

Annia Y Rubio

786

378-2777

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:

☒ \$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**

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: ANNIA JM BEHAVIORAL HEALT LLC

**SECOND:** The Florida Document number of the limited liability company is: L20000040574

**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:

ANNIA JM BEHAVIORAL HEALT LLC

Topographical Error

ANNIAJM BEHAVIORAL HEALTH 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.

ANNIA Y RUBIO.

03/30/2020

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

2020 APR 20 PM 12:53

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)