

L20000054943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

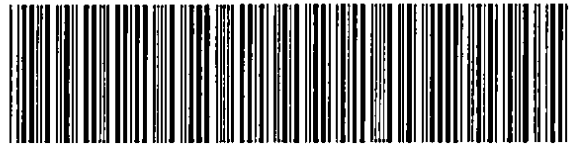
Special Instructions to Filing Officer:

*Filing Fee Waived due to
error on part of this office*

3-23-2020

T. Burch

Office Use Only



200323012832

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAR 23 AM 8:47

FILED

P BURCH

MAR 23 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TSMG Management 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:

Lowell Bogaert

Name of Person

TSMG Management LLC

Firm/Company

6742 FOREST HILLS BLVD #107

Address

Greenacres, FL 33413

City/State and Zip Code

meggies2317@gmail.com

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

For further information concerning this matter, please call:

Lowell Bogaert

786

991-4374

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: TSMG Management LLC

SECOND: The Florida Document number of the limited liability company is: L20000054943

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:

NAME INCORRECT. Should be AMPE Health Consultants, 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.

Lowell Bogaert

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)