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(Address)				
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*		COVERLE	TIEK
TO: Registration S Division of C			
	and Heath LLC		
SUBJECT:	1	Name of Limited Liab	oility Company
Dear Sir or Madam:			
The enclosed Statemer	nt of Correction and fee(s) a	are submitted for filing	g.
Please return all corres	pondence concerning this r	natter to the following	ā;
Adrian Brion			
_	Name of Person		-
The National Incorpo	oration Network Inc.		
	Firm/Company		-
12929 La Rochelle (Circle		
	Address	<u> </u>	_
Palm Beach Garden	s, FL 33410		
	City/State and Zip Code		_
Adrian@theincnetwo	ork.com		
E-mail address: (to be used for future annua	l report notification)	_
For further information	n concerning this matter, pl	ease call:	
Adrian Brion		561	352-0602
Nam	e of Person	at (at Code	Daytime Telephone Number
P.O. Box 6	n Section Corporations		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	or 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

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

4

		ction 605.0209, F.S., this document is being submit		
<u>FIRST</u>	: The n	ame of the limited liability company is:	d Heath LLC	
SECO	ND:	The Florida Document number of the limited lia	L20000114118 bility company is:	
THIR		Document to be corrected is:		
11111	_	CHECK THE APPROPRIATE BOX AND CO		
_	•			
		ims an incorrect statement. The incorrect statement nent are as follows:	, the reason the statement is incorrect, and the corre	
	Pleas	se see the attached.		
	<u>OR</u>			
	Was o		nent was defectively signed and the appropriate corr	
	<u> </u>			
	<u>OR</u>			
	The e	lectronic transmission of the record was defective.		
		Signature of Authorized Representative	04/30/2020	
		Signature of Authorized Representative	Date	
		ew registered agent, if applicable :(NOTE: if corredesignation).	cting the registered agent, the new registered agent m	
•	Ū	· ·		
1 hereb	v accej	ed Agent's Signature, if changing Registered Agent of the appointment as registered agent and agree to	act in this capacity. I further agree to comply with th	
obligat reflect	tions of	my position as registered agent as provided for in ge in the registered office address, I hereby confirm	ormance of my duties, and I am familiar with and acc Chapter 605, F.S. Or, if this document is being filed to that the limited liability company has been notified to	
-y				
	Registered Agent's Signature			
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	

Gorrections needed:

1. Principal Office Address: INCORRECT 1420 Wakeena Drive CORRECT 1720 Wa Kee Na Drive, A Miami, FL 33133 Miami, FL 33133

2. Mailing Address: INCORRECT 1420 Wakeena Drive CORRECT 1720 Wa Kee Na Drive, AJ

STE 510 Miami, FL 33133

Miami, FL 33133

3.MGRM Name: <u>INCORRECT</u> Kaylyn K Heath <u>CORRECT</u> Kaylyn McKenzie Kyle

4.MGRM Address: INCORRECT 1420 Wakeena Drive CORRECT 1720 Wa Kee Na Drive, Ap.

Miami, FL 33133 Miami, FL 33133