L20 000 234805

(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:					

Office Use Only



000354592390

11/09/20--01021--030 **25.00

S TALLENT DEC 1 5 2020

20 NOV -9 PM 3: 37

Statement MC

COVER LETTER

	istration Sect ision of Corp			
SUBJECT:	Spirit Med MD, LLC			
JOBGECT.	Name of Limited Liability Company			
Dear Sir or N	1adam:			
The enclosed	Statement of	Correction and fee(s) a	re submitted for filing	g.
Please return	all correspor	idence concerning this r	natter to the following	g:
Vanessa Gru	illon			
		Name of Person		-
		Firm/Company		-
8775 20th St	treet Lot 701			_
		Address		
Vero Beach,	FL 32966			
	City	//State and Zip Code		-
vgrullon@ac	ol.com			
E-mail	address: (to b	e used for future annual	report notification)	-
For further in	iformation co	ncerning this matter, ple	ease call:	
Vanessa Gru	illon		9173620507 at (7
	Name of	Person	Area Code	Daytime Telephone Number
Reg Div P.C	iling Address gistration S vision of Co D. Box 6327 lahassee, F	ection orporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a	a check for t	he following amount:		
≣\$ 25 Filing	Fee [3 \$30 Filing Fee & Certificate of Status	□\$55 Filing Fec & 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. <u>F1RST</u>: The name of the limited liability company is: Spirit Med MD, LLC The Florida Document number of the limited liability company is: L20000234805 SECOND: Articles of Organization THIRD: Document to be corrected is: (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: Article I - Name is incorrect - Spirit Med MD, LLC The name of the LLC contained a typographical error. Spirit Med is one word without a space. The correct spelling of the LLC is and should read as SpiritMed MD, LLC <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate corréction are as follows: <u>OR</u> ☑ The electronic transmission of the record was defective. Signature of Authorized Representative 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)

CR2E062 (9/15)