

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

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Account Name : CAPITOL SERVICES, INC.  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RELiance HEALTHCARE HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

**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: Reliance Healthcare Holdings, LLC

**SECOND:** The Florida Document number of the limited liability company is: L21000161605

**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:

Due to a typo, Article IV lists the incorrect name of one Manager. Please see attached for corrected statement.

**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.

/s/ Tim Van Hal

4/21/21

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)**

Attachment  
to  
Statement of Correction  
for  
Reliance Healthcare Holdings, LLC

ARTICLE IV –

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address:</u>
MGR	Carlos Romero 4700 Exploration Ave. Lakeland, FL 33812
MGR	Roberto Martinez 4700 Exploration Ave. Lakeland, FL 33812

4-22-21  
2021 APR 22 PM 3:43  
TAYLOR SEAY