

121 000278220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

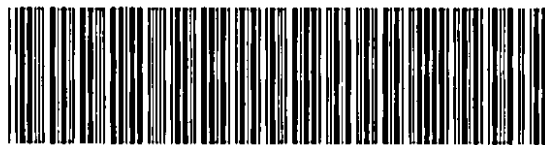
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/05/21--01023--021 **52.50

FILED
2021 SEP 22 AM 11:16
SECT. 606.001
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

SEP 22 AM 7:57

August 31, 2021

BRYCE ARNDT
10915 BAYMEADOWS RD STE 104
JACKSONVILLE, FL 32256

SUBJECT: INJURY & WELLNESS DME LLC
Ref. Number: L21000278220

We have received your document for INJURY & WELLNESS DME LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 821A00020988

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Injury & Wellness DME 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:

Dr Bryce Arndt
Name of Person

Injury & Wellness DME LLC
Firm/Company

10915 Baymeadows Rd., Ste 104
Address

Jacksonville, FL 32256
City/State and Zip Code

drarndt@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryce Arndt at (419) 560-0834
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: \$52.50 previously sent

- ☐ \$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: Injury & Wellness DME LLC

SECOND: The Florida Document number of the limited liability company is: L21000278220

THIRD: Document to be corrected is: Electronic 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:

Joe Freley was incorrectly listed as a Mgr.
He has no involvement with this particular
Organization and should be removed.

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR



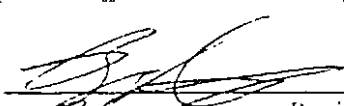
The electronic transmission of the record was defective.

 8/16/2021
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.

 8/24/2021
Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED
2021 SEP 22 AM 11:16
TALLAHASSEE FL