

L2100037534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

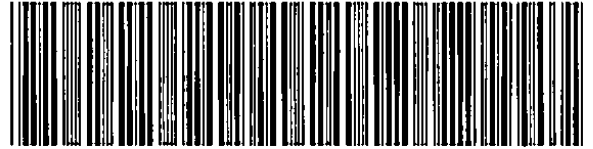
(Business Entity Name)

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2021 11 22 PM 4:40

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Name chg

NOV 23 2021

ALBRITTON

TO: Registration Section
Division of Corporations

SUBJECT: Nuevo & Ortho Institute LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andy Hernandez

Name of Person

Nuevo & Ortho Institute LLC

Firm/Company

10700 Caribbean Blvd. STE 401

Address

Cutler Bay, FL 33189

City/State and Zip Code

NeuroandOrtho.institute@gmail.com

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

For further information concerning this matter, please call:

Andy Hernandez

Name of Person

at (305)

Area Code

790-4720

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee.
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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



2021 NOV 22 PM 12:40

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2021

ANDY HERNANDEZ
10700 CARIBBEAN BLVD
STE. 401
CUTLER BAY, FL 33189

SUBJECT: NUERO & ORTHO INSTITUTE, LLC
Ref. Number: L21000375349

We have received your document for NUERO & ORTHO INSTITUTE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please complete/submit the document in its entirety as pages are missing.

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.

Irene Albritton
Regulatory Specialist III

Letter Number: 621A00027341



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2021

ANDY HERNANDEZ
7480 BIRD RD 400
MIAMI, FL 33155

SUBJECT: NUERO & ORTHO INSTITUTE, LLC
Ref. Number: L21000375349

We have received your document for NUERO & ORTHO INSTITUTE, LLC and your check(s) totaling \$25.00. 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.

You failed to sign the document and the type of document being corrected is articles of organization.

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.

Irene Albritton
Regulatory Specialist III

Letter Number: 021A00023891

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alvaro & Ordo Institute, 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:

Andy Hernandez
Name of Person

Firm/Company

7480 Blvd Rd 400
Address

Miami FL 33155
City/State and Zip Code

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

For further information concerning this matter, please call:

Andy Hernandez at (305) 740-4720
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: Neuro + Ortho Institute, LLC

SECOND: The Florida Document number of the limited liability company is: 621000375344

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:

We misspelled the first name and it should be
"Neuro + Ortho Institute, 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.

Andy Hernandez 11/17/21
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.

Andy Hernandez
Registered Agent's Signature

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