

L21000437991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

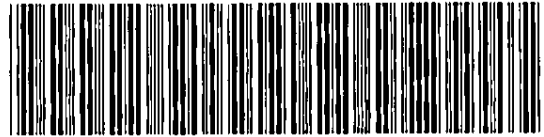
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

A. Butler
10/21/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOMENTS HOSPICE OF INDIAN RIVER, 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:

D. Ty Jackson

Name of Person

GrayRobinson, P.A

Firm/Company

301 South Bronough Street, Suite 600

Address

Tallahassee, Florida 32301

City/State and Zip Code

ty.jackson@gray-robinson.com

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

For further information concerning this matter, please call:

D. Ty Jackson

850

577-2841

at (_____) _____

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**

2021 OCT 21 PM 3:38

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: MOMENTS HOSPICE OF INDIAN RIVER, LLC STATE OF FLORIDA DEPT. OF STATE TALLAHASSEE, FL

SECOND: The Florida Document number of the limited liability company is: L21000437991

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:

Article III has the incorrect provision in it. There should be no provision for Article III at all. It should be blank.

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/ D. Ty Jackson

10/21/2021

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.

Registered Agent's Signature

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2021

ADAM ALTMAN
ALTMAN LAW
6701 W. 23RD ST.
ST. LOUIS PARK, MN 55426 US

SUBJECT: MOMENTS HOSPICE OF INDIAN RIVER, LLC
Ref. Number: L21000437991

We have received your document for MOMENTS HOSPICE OF INDIAN RIVER, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 221A00025676

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA