L21000442520

(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:

Q. SILAS

12/16/21

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10/20/21--01008--016 **25.00

2021 DEC 16 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 DEC 16 AM 10:41

November 2, 2021

PATRICIA A DAVIS
196 SW GARTH ST
FORT WHITE, FL 32038

SUBJECT: BRIIGHTSIDE HEALTHCARE AGENCY, LLC
Ref. Number: L21000442520

We have received your document and check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

Querida R Silas
Regulatory Specialist II

Letter Number: 321A00026609

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRIGHTSIDE HEALTHCARE AGENCY, 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:

PATRICIA A DAVIS
Name of Person

BRIGHTSIDE HEALTHCARE AGENCY
Firm/Company

196 SW GARTH ST
Address

FORT WHITE, FL 32038
City/State and Zip Code

brightsidehc2021@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felisa A Davis-Holmes at (912) 327-3211
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

CR2E062 (9/15)

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED
2021 DEC 16 AM 11:31
SECRETARY OF STATE

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: BRIIGHTSIDE HEALTHCARE AGENCY, LLC

SECOND: The Florida Document number of the limited liability company is: L21000442520

THIRD: Document to be corrected is: ARTICLE 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:

The business name is misspelled, currently it is BRIIGHTSIDE, the correct spelling should be BRIGHTSIDE.

so the correct business name is BRIGHTSIDE HEALTHCARE AGENCY, 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.

Patricia A Davis — 12/14/21

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.

Patricia A Davis

Registered Agent's Signature

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