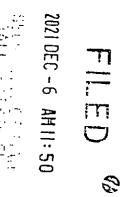
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(Requestor's Name)	
(Address)	
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(Business Entity Name)	
(Document Number)	-
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C. BRUMBLEY

COVER LETTER

		ation Section of Corpor			·
SUBJEC"	r. I.o	tus Psychia	tric Group, LLC (Co	orrect to: Lotus Ps	sychiatry Group, LLC)
oobthe	··			Name of Limited	Liability Company
Dear Sir o	r Mad	am:			
The enclo	sed Sta	atement of (Correction and fee(s)	are submitted for	filing.
Please retu	urn all	correspond	ence concerning this	matter to the follo	owing:
Denayer Mueller					2011 7 ET - 6 FY 12: 52
		}	lame of Person		
LOT	us	PSYCH	HATTEY GRE	sup	
		ŀ	irm/Company		
4214 NW	38th I	Dr.			
			Address		
Coconut (Creek				
		City/	State and Zip Code		
lotuspsyc	hiatryg	group@gma	il.com		
E-ma	ail add	ress: (to be	used for future annua	al report notification	ion)
			cerning this matter, p		
Denayer !	Muclle			954 at (682-2132
		Name of Po	erson	Area C	Code Daytime Telephone Number
F D F	Regist Divisi P.O. B	a Address: ration Secon of Cor Sox 6327 assee, FL	porations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed	is a ch	eck for the	following amount:		
□\$25 Fili	ng Fee	: =	\$30 Filing Fee & Certificate of Status	□S55 Filing Fe Certified Co	-

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuar	nt 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: Lotus Psychiatry Group, LLC
SECO	ND: The Florida Document number of the limited liability company is: L21000445445
THIRE	-1-1-F-Batha correction a
~	(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:
_	LLC name says "Lotus Psychiatric Group": should say "Lotus Psychiatry Group," LLC"
2	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
	<u>OR</u>
2	The electronic transmission of the record was defective.
	Signature of Akthorized Representative 10-1-2021 Date
	re of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign agent designation).
l hereby provisio obligati	egistered Agent's Signature, if changing Registered Agent: w accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the ions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing change. Registered Agent's Signature

Filing Fee: \$25.00 ified Copy: \$30.00

Certified Copy:

\$30.00 (optional)