

121000494137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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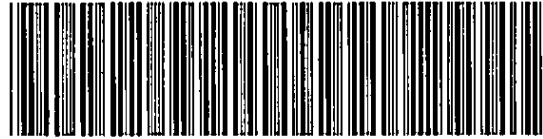
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

C. BRUMBLEY

DEC 27 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Allied Family Health, LLC.

Name of Corporation

DOCUMENT NUMBER: L21000499137

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Gonzalez

Name of Contact Person

Allied Family Health, LLC

Firm/Company

150 W. McKenzie St. Ste 114

Address

Punta Gorda, FL and 33950

City/State and Zip Code

agonzalez0706@gmail.com

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

For further information concerning this matter, please call:

Amy Gonzalez

at (407)

288-0598

Name of Contact Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

Allied Family Health, LLC.

Name of Corporation as currently filed with the Florida Dept. of State

L21000499137

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct Articles of Organization
(Document Type Being Corrected)

filed with the Department of State on 11/22/2021
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Effective date: 01/01/2022

Correct the inaccuracy, incorrect statement, or defect:

Effective date: 11/22/2021

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(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Amy Gonzalez

(Typed or printed name of person signing)

Owner

(Title of person signing)

Filing Fee: \$35.00