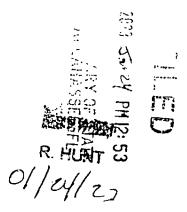
## L72000396950

Office Use Only



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## **COVER LETTER**

TO: Registration Section
Division of Corporations

Manor SUBJECT:	Pediatric Center Associates	JD LLC	
SUBJECT:	1	Name of Limited Liab	pility Company
Dear Sir or Madam:			
The enclosed Stateme	ent of Correction and fee(s)	are submitted for filin	g.
Please return all corre	espondence concerning this i	matter to the followin	g:
Guerlyne Desir			
	Name of Person		_
Manor Pediatric Cen	ter Associates JD LLC		
	Firm/Company		_
1234 NE 4th Avenue	,		
	Address		_
Fort Lauderdale, Flo	rida 33304		
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	_
GuerlyneDesir@yah	OO.COM		
E-mail address:	(to be used for future annua	report notification)	_
For further information	on concerning this matter, pl	ease call:	
Daphnee Gonzales		954	483-1102
Nar	ne of Person	at ( Area Code	Daytime Telephone Number
P.O. Box 6	on Section of Corporations		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

		ection 605.0209, F.S., this document is being submitted		document.		
FIRST:	The r	name of the limited liability company is: Manor Pediatri	e Center Associates JD LLC			
SEÇON	ın.	The Florida Document number of the limited liabili	L220003969.	50		<del></del>
SECON	(D:					<del></del>
<u>THIRD</u>	<u>;</u> :	Document to be corrected is: Name of the business				
/		(CHECK THE APPROPRIATE BOX AND COMP	PLETE THE APPLICABLE	<u>E STATEM</u>	ENT	
V		uins an incorrect statement. The incorrect statement, the	ne reason the statement is inc	orrect, and the	ne corr	ected
	Origi	nal name of the LLC is: Manor Pediatric Center Associat	es JD LLC.	F 64 2/42	12	के मा १ सम्मास
	New	name is: Manor Pediatric and Adult Medicine Center LL	cV	RY D	2.74p	ŢŢ
				in co	74 72	
	<u>OR</u>			FL	ე	
	Was	defectively signed. The manner in which the documen	t was defectively signed and	the appropri	ate co	rection are
<del>-</del>		llows:				
						<del>_</del>
	_			····		
	<u>OR</u>					
	The e	electronic transmission of the record was defective.		1 1		
		Ro Lin Dia	0	4 17.71	202	23
		Signature of Authorized Representative	Da	ite		<del></del>
		new registered agent, if applicable :( NOTE: if correcting designation).	ng the registered agent, the ne	ew registered	d agent	must sign
·	•	•				
I hereby	acce	ed Agent's Signature, if changing Registered Agent; of the appointment as registered agent and agree to ac all statutes relative to the proper and complete perforn				
obligation	ons of chan	Iny position as registered agent as provided for in Che ge in the registered office address, I hereby confirm the	apter 605, F.S. Or, if this doc	ument is bei	ng filed	l to merely
		Registered Agent	's Signature	<del></del>		
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			