

122000415699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

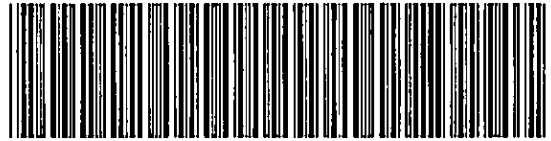
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10/17/22--01013--029 **50.00

22 OCT 17 AM 7:40

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DME Dudes, 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:

DAVID Winter

Name of Person

DME Dudes, LLC.

Firm/Company

5030 CHAMPION BOULEVARD G11 #180

Address

BOCA RATON, FLORIDA 33456

City/State and Zip Code

DAVID @ GLY HEALTHCARE, CORP

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

22 OCT 17 AM 7:40

For further information concerning this matter, please call:

DAVID Winter

Name of Person

at (561) 716-3532

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**

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: DME Dudes, LLC

SECOND: The Florida Document number of the limited liability company is: L22000415699

THIRD: Document to be corrected is: Omitted name of AMOR

(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 AMOR was omitted. It should be included
which is Winter, David 6590 West Regent Circle
#10, Boca Raton, Florida 33487

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.

David Winter 10/5/22
Signature of Authorized Representative Date

22 OCT 17 AM 7:40
FILED IN PUBLIC RECORDS

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)