

L23000358906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

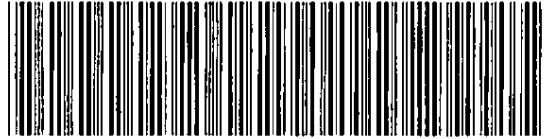
Special Instructions to Filing Officer:

Filing Fee waived, due to
clerical error.

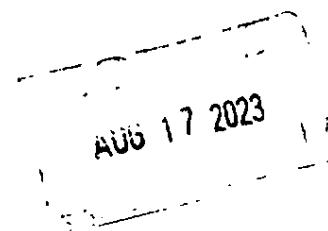
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Office Use Only



000413408290



Kelly Martinkus
320 Barrello Ln
Cocoa Beach, FL 32931

August 9th, 2023

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

Dear Sir or Madam:

Enclosed please find my Statement of Correction for Florida or Foreign Limited Liability Company. After multiple emails and phone calls, it appears there was an error in the electronic transmission of my application. The business name entered by me on my electronic application was "Central Florida Breastfeeding Medicine and Primary Care, PLLC" as evidenced by the enclosed document entitled "Filing Information" dated and timestamped 7/30/2023 at 9:22 PM.

The filed information does not reflect the business name that was entered by me on my electronic application with document tracking #300413112313.

It appears that the electronic transmission of the record to the department was defective. It now contains false and misleading information that I did not supply on the application. The business name filed does not accurately reflect the services that my business will provide, i.e. breastfeeding medicine and primary care services.

Per Florida Statute 605.0209(5), "A statement of correction that is filed to correct false, misleading, or fraudulent information is not subject to a fee of the department if the statement of correction is delivered to the department within 15 days after the notification of filing sent pursuant to s. 605.0210." I have therefore not enclosed a check with this statement of correction.

Sincerely,



Kelly Martinkus
Central Florida Breastfeeding Medicine and Primary Care, PLLC
(321) 305-2574

Enclosures:
Statement of Correction
Electronic Articles or Organization
Filing Information
Document Tracking Number

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTRAL FLORIDA BREASTFEEDING MEDICINE AND PRIMARY CARE, PLLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly Martinkus

Name of Person

Firm/Company

320 Barrello Ln

Address

Cocoa Beach, FL 32931

City/State and Zip Code

CFLBREASTFEEDINGMEDICINE@GMAIL.COM

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

For further information concerning this matter, please call:

Phillip Michael

321

305-2574

at

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

COVER LETTER

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Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (9/15)

RECEIVED

AUG 16 2023

**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: _____
CENTRAL FLORIDA BREASTFEEDING MEDICINE AND PRIMARY CARE, PLLC

SECOND: The Florida Document number of the limited liability company is: L23000358906

THIRD: Document to be corrected is: L23000358906

(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 incorrect statement is "CENTRAL FLORIDA BREASTFEEDING, MEDICINE, AND PRIMARY CARE, PLLC". The statement was incorrect because the electronic transmission of the record to the department was defective

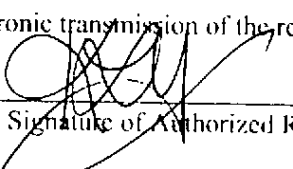
The correct statement is "CENTRAL FLORIDA BREASTFEEDING MEDICINE AND PRIMARY CARE, PLLC"

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.



Signature of Authorized Representative

8/9/2023

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.

Registered Agent's Signature

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