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(Requestor's Name)			
(Address)				
(.	Address)			
(1	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(1	Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status			
Special Instructions	to Filing Officer:			





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SECONOMINATE

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: BROMEDICAL LLC The Florida Document number of the limited liability company is: SECOND: Document to be corrected is: ARTICLES OF ORGANIZATION THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Ø Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: ARTICLE III The first name typed as ABDUR (incorrect) The first name is ABDUL - CORRECT ARTICLE IV The first name typed as ABDUR (incorrect). The first name is ABDUL - CORRECT 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 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)

COVER LETTER

TO: Registration Division of C			
	EDICAL LLC		
SUBJECT:		Name of Limited Liab	pility Company
Dear Sir or Madam:			
The enclosed Stateme	nt of Correction and fee(s) a	are submitted for filin	g.
Please return all corre	spondence concerning this i	natter to the followin	g:
ABDUL REHMAN			
	Name of Person		_
BROMEDICAL LLC			
	Firm/Company		_
814 N FORREST AV	/E		
	Address		-
KISSIMMEE FL 347	/ 41		
	City/State and Zip Code		_
abrehman@umich.ed	u		
E-mail address:	(to be used for future annua	report notification)	_
For further informatio	on concerning this matter, pl	ease call:	
ABDUL REHMAN		321	393-4299
Nam	ne of Person	Area Code	_)
P.O. Box 6	n Section f 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 f	or 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