

Florida Department of State  
Division of Corporations  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GREGORY LIEB OD, LLC

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T. LEMIEUX

Electronic Filing Menu

Corporate Filing Menu

Help MAY 17 2024

((H24000176853 3)))

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: Gregory Lieb OD, LLC

**SECOND:** The Florida Document number of the limited liability company is: L24000212954

**THIRD:** Document to be corrected is: Articles of Organization

**(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 principal, mailing and manager address was incorrectly stated. The correct address should be:

3008 W. Bay Vista Avenue

Tampa, FL 33611

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**

- ☐ The electronic filing of the record was defective.

Gregory Lieb

May 16, 2024

Signature of Authorized Representative

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)

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