

M24000007242

(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:

J. HORNE
SEP 25 2024

Office Use Only



700436485457

FILED
2024 SEP 24 AM 11:10
RECEIVED
2024 SEP 24 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
850.656.7953

REQUEST DATE 9/24/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1297590

ORDER ENTITY

NIGHTINGALE FL NEURO BUSINESS LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

NIGHTINGALE FL NEURO BUSINESS LLC (FL)

File the attached correction document and provide a certified copy.

NOTES:

\$55.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nightingale FL Neuro Business 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:

Michael Stringfellow

Name of Person

Garfunkel Wild PC

Firm/Company

111 Great Neck Rd., 6th Floor

Address

Great Neck, NY 11021-5406

City/State and Zip Code

mstringfellow@garfunkelwild.com

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

For further information concerning this matter, please call:

Michael Stringfellow

at (

516

Area Code

393-2578

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

FILED
2021 SEP 24 AM 11:10

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 Nightingale EJ. Neuro Business LLC

SECOND: The Florida Document number of the limited liability company is: M24000007242
Application by foreign limited liability company for

THIRD: Document to be corrected is Authorization to Transact Business in Florida

(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:

OR

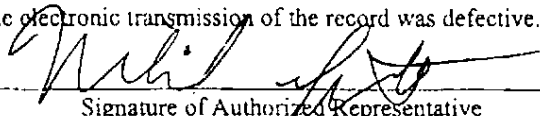
- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

The Application to transact business in Florida was defectively signed by Robert Seltzer as a Doctor of Veterinary Medicine (DVM) and as member/manager of the Nightingale Veterinary Partners LLC, the sole member of the LLC.

Section 10 of the Application to Transact Business in Florida should be corrected to read as follows- Robert Seltzer, Authorized Representative of Nightingale Veterinary Partners LLC.

OR

- ☐ The electronic transmission of the record was defective.


Signature of Authorized Representative

9/23/24
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)