

P200000-88292

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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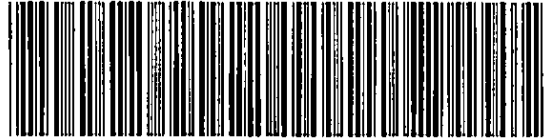
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

OCT - 9 2021

S. PRATHER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LA CLINICA DEL PUEBLO CORP.

Name of Corporation

DOCUMENT NUMBER: P20000288292

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MASIEL MOREIRA

Name of Contact Person

Firm/Company

759 NW 22nd AV

Address

Miami, FL 33125

City/State and Zip Code

masielmoreira@chwcem.org

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

For further information concerning this matter, please call:

MASIEL MOREIRA

at (786) 515-3156

Name of Contact Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

LA CLINICA DEL PUEBLO CORP.

Name of Corporation as currently filed with the Florida Dept. of State

P0000088292

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct NAME
(Document Type Being Corrected)

filed with the Department of State on P0000088292
(File Date of Document)

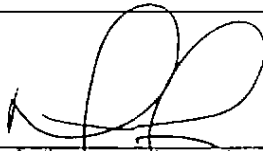
Specify the inaccuracy, incorrect statement, or defect:

LA CLINICA DEL PUEBLO CORP.

Correct the inaccuracy, incorrect statement, or defect:

LA CLINICA DEL PUEBLO OF FLORIDA CORP.

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TALLAHASSEE, FLORIDA



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

MASIEL MOREIRA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00