## P20000097384

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articles of Correction & NIC

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## **COVER LETTER**

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TO:	Amendment Section Division of Corporations		,i ,
SUR	HEALTHSUITE360, INC		
	,	ame of Corporation	
DOC	UMENT NUMBER: P20000097384		
The e	nclosed Articles of Correction and fe	e are submitted	for filing.
Pleas	e return all correspondence concernir	ng this matter to	the following:
LEON	ARDO HURTADO		
	Name of Contact Person	<u> </u>	_
HEAL	THSUITE360, INC		
	Firm/Company		<b></b>
6346 1	HIGHLANDS IN THE WOODS AVENUE		
	Address		
LAKE	ELAND : FL 33813	<u> </u>	
	City/State and Zip Code		
leo.hu	rtado@infoagetechnology.com		<u> </u>
	E-mail address: (to be used for future annual re	epon notification)	
For fi	urther information concerning this ma	atter, please call	:
JESU:	S MEDRANO	954 at (	487-7908
	Name of Contact Person	Area Code	Daytime Telephone Number
Enclo	osed is a check for the following amo		
<b>=</b> \$3	35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	
□ \$4	13.75 Filing Fee & Certified Copy		ling Fee, Certificate of Status & rtified Copy
	Mailing Address: Amendment Section		Street Address: Amendment Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32314		Tallahassee, FL 32303

## ARTICLES OF CORRECTION

2021 MAD FILED	
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HEALTHSUITE36, INC  Name of Corporation as currently filed with the Florida Dept. of State  P20000097384  Decument Number (if known)  Pursuant to the provisions of Section 607.0124. Florida Statutes.  These articles of correction correct  (ORPORATION NAME)  (Include of Decument)  Gree Date of Decument)  Gree Date of Decument  Gree Date of Decument  Gree NAME OF THE CORPORATION WAS FILED INCORRECT BY MISTAKE. IT WAS FILED AS  IEALTHSUITE36, INC.  Correct the inaccuracy, incorrect statement, or defect:  CORRECT THE CORPORATION NAME: FROM HEALTHSUITE36, INC. TO HEALTHSUITE360, INC.			For	2021 MAG	LED
ursuant to the provisions of Section 607.0124, Florida Statutes.  hese articles of correction correct  CORPORATION NAME (Document Type Being Corrected)  (File Date of Document)  pecify the inaccuracy, incorrect statement, or defect:  HE NAME OF THE CORPORATION WAS FILED INCORRECT BY MISTAKE. IT WAS FILED AS  EALTHSUITE36, INC.	HEALTHSUITE36, INC				-8 AM 10: 50
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(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.)

LEONARDO HURTADO

CEO

(Typed or printed name of person signing)

(Title of person signing)