

L20000266565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

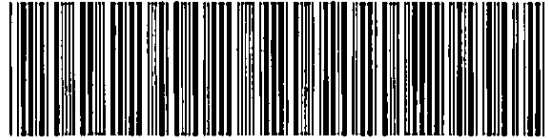
(Business Entity Name)

(Document Number)

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STATE OF ARIZONA  
TALLAHASSEE, FL

2020 SEP 28 PM 7:35

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NOV 03 2020

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Angelic Health Home Agency 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:

Wanda M Hurt

Name of Person

Angelic Home Health Agency LLC

Firm/Company

15911 Knightsbridge Ct

Address

Ft Myers FL 33908

City/State and Zip Code

wandamhh@aol.com

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

For further information concerning this matter, please call:

Wanda M Hurt

239

209 8697

at ( )

Name of Person

Area Code

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

CR2E062 (9/15)

2020 SEP 28 PM 7:35  
TALLAHASSEE, FL  
FBI

**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: Angelic Health Home Agency, LLC

**SECOND:** The Florida Document number of the limited liability company is: L20000266565

**THIRD:** Document to be corrected is: name Angelic Home Health Agency, LLC

**(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:

name needs changed to Angelic Home Health Agency, LLC will I still have the same EIN or will they give me a ne

for insurance, taxes and banking purposes? Yes, I will get the new EIN with the IRC

inadvertently switcher words. Need it to be Angelic Home Health Agency, LLC  
from Angelic Health Home Agency, LLC

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.

Wanda M Hurt - Wanda M. Hurt  
Signature of Authorized Representative

September, 17th, 2020  
Date

2020 SEP 28 PM 7:35  
TALLAHASSEE, FL  
FD

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.*

Wanda M. Hurt  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)