

L07000025839

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(Address)

(City/State/Zip/Phone #)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAR 19 PM 1:50

J. BRYAN MAR 20 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RENOVATION HEALTH CARE LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

AYMEE TOLEDO

(Name of Person)

RENOVATION HEALTH CARE LLC

(Firm/Company)

8212 NW 164 ST

(Address)

MIAMI LAKES FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

AYMEE TOLEDO

(Name of Person)

at (305) 984-6502

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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 (08/05)

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DIVISION OF CORPORATIONS
07 MAR 19 PM 1:50

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
RENOVATION HEALTH CARE LLC

SECOND: The articles of organization or the application to transact business

(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 CORRECT STREET ADDRESS AND MAILING ADDRESS OF THE PRINCIPAL OFFICE OF THIS LIMITED LIABILITY

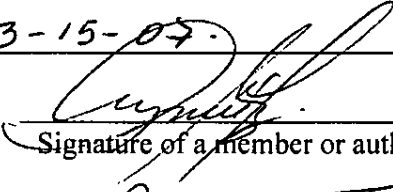
COMPANY IS: 555 E 25 ST UNIT 109

HIALEAH, FL 33013

OR

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

Dated: 03-15-07


Signature of a member or authorized representative of a member

Aymee Toledo. Presidt

Typed or printed name of signee

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

FILED
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DIVISION OF CORPORATIONS
07 MAR 19 PM 11:50

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L07000025839
FILED 8:00 AM
March 08, 2007
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:
RENOVATION HEALTH CARE LLC

Article II

The street address of the principal office of the Limited Liability Company is:
8212 NW 164 ST
MIAMI LAKES, FL. 33016

The mailing address of the Limited Liability Company is:
8212 NW 164 ST
MIAMI LAKES, FL. 33016

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
AYMEE TOLEDO
8212 NW 164 ST
MIAMI LAKES, FL. 33016

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: AYMEE TOLEDO

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DIVISION OF CORPORATIONS
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Article V

The name and address of managing members/managers are:

Title: MGR
AYMEE TOLEDO
8212 NW 164 ST
MIAMI LAKES, FL. 33016

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FILED 8:00 AM
March 08, 2007
Sec. Of State
mthomas

Signature of member or an authorized representative of a member

Signature: AYMEE TOLEDO

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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