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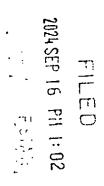
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COVER LETTER

	istration Section ision of Corporations					
SUBJECT:	FINEST CARE LLC					
SUBJECT.	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	Statement of Correction and fee(s) are	submitted for filing	3.			
Please return	all correspondence concerning this ma	tter to the following	;			
ANDREA F	INES					
	Name of Person		•			
Finest Care	LLC					
	Firm/Company		•			
8017 Chiant	i Drive					
	Address		•			
Orlando, Fl	32836					
	City/State and Zip Code		-			
Andreafines	99@gmail.com					
E-mail	address: (to be used for future annual r	eport notification)	-			
For further i	nformation concerning this matter, plea	se call:				
Leonides Fi	nes	407 at (451-5897			
	Name of Person	Area Code	Daytime Telephone Number			
Re Di P.0	illing Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, 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 Filinį	g Fee S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy			

CR2E062 (9/15)

STATEMENT OF CORRECTION

FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY FILES

		FEORIDA OR FOREIGN EIMITI	2024 SED				
Pursuar	nt to sec	ction 605.0209, F.S., this document is being submitted ame of the limited liability company is: FINEST CAR	I to correct a previously filed document. 15 PH 1: 04				
FIRST	: The n	ame of the limited liability company is:					
SECO:	ND:	The Florida Document number of the limited liabil	ity company is:				
THIRD: De		Document to be corrected is:	Document to be corrected is:				
	9	CHECK THE APPROPRIATE BOX AND COM	PLETE THE APPLICABLE STATEMENT				
Ø		ins an incorrect statement. The incorrect statement, then the as follows:	he reason the statement is incorrect, and the corrected				
	Incom	rect Statement: TITLE - CEO FOR Fines, Leonides G.	- reason for statement is incorrect is that there is no				
		CEO title in LLC.					
	Сопе	cted statement: TITLE - Manager , Fines, Leonides G.					
⊘	as fol		nt was defectively signed and the appropriate correction are				
	<u>OR</u>						
Ø	The e	electronic transmission of the record was defective.	$\alpha / \cdot / \cdot /$				
		White free	9/ // 2 4				
accepti	ing the	designation).	ng the registered agent, the new registered agent must sign				
I hereb	oy acceptions of the constant of a change of the constant of t	my position as registered agent as provided for in Ch ge in the registered office address, I hereby confirm to	mance of my duties, and I am familiar with and accept the apter 605, F.S. Or, if this document is being filed to merely that the limited liability company has been notified in writing				
		Registered Ager	frei				
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)				

CR2E062 (9/15)

COVER LETTER

TO: Registration Division of 0					
	CARE LLC				
SUBJECT:	1	Name of Limited Liab	oility Company		
Dear Sir or Madam:					
The enclosed Stateme	ent of Correction and fee(s) a	re submitted for filin	g.		
Please return all corre	spondence concerning this r	natter to the following	g:		
ANDREA FINES					
	Name of Person	·	-		
Finest Care LLC					
-	Firm/Company				
8017 Chianti Drive					
	Address		_		
Orlando, Fl 32836					
	City/State and Zip Code		_		
Andreasines99@gma	il.com				
E-mail address:	(to be used for future annua	l report notification)	-		
For further information	on concerning this matter, pl	ease call:			
Leonides Fines		407 at (451-5897		
Nan	ne of Person	Area Code	Daytime Telephone Number		
P.O. Box 6	on Section f Corporations		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	S30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		
CR2E062 (9/15)					

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: FINEST CARE LLC The Florida Document number of the limited liability company is: ______ SECOND: Document to be corrected is:_____ THIRD: (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: Incorrect Statement: TITLE - CEO FOR Fines, Leonides G. - reason for statement is incorrect is that there is no CEO title in LLC. Corrected statement: TITLE - Manager, Fines, Leonides G. 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. ⅎ 9/11/24 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. Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)