

L10000001728'3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

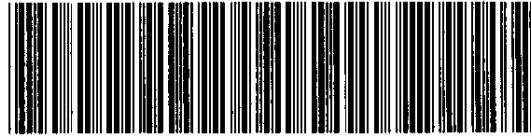
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10 FEB 19 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIQUE CARE 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:

MARK R. DOLAN

Name of Person

DOLAN LAW FIRM, PLLC

Firm/Company

28870 US HIGHWAY 19 NORTH, SUITE 336

Address

CLAREMONT, FLORIDA 33761

City/State and Zip Code

MDOLAN@THEDOLANLAWFIRM.COM

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

For further information concerning this matter, please call:

MARK DOLAN

Name of Person

at (727)

388-4880

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)

**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:
 UNIQUE CARE 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 name of the company should be: Unique Car Care, LLC

Due to a scrivener's error, I inadvertently entered Unique Care Care, LLC

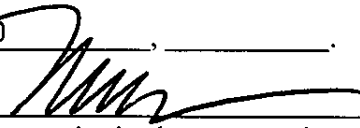
in the Articles of Organization.

OR



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

Dated: February 16, 2010



Signature of a member or authorized representative of a member

Mark R. Dolan, Esq.

Typed or printed name of signee

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

FILED
10 FEB 19 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

L10000017283
FILED 8:00 AM
February 15, 2010
Sec. Of State
gharvey

Article I

The name of the Limited Liability Company is:

UNIQUE CARE CARE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

3138 SANDY RIDGE DRIVE
CLEARWATER, FL. US 33761

The mailing address of the Limited Liability Company is:

3138 SANDY RIDGE DRIVE
CLEARWATER, FL. US 33761

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:

LAWRENCE R FLORIDI
3138 SANDY RIDGE DRIVE
CLEARWATER, FL. 33761

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: /L.R. FLORIDI/

Article V

The name and address of managing members/managers are:

Title: MGRM
LAWRENCE R FLORIDI
3138 SANDY RIDGE DRIVE
CLEARWATER, FL. 33761 US

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FILED 8:00 AM
February 15, 2010
Sec. Of State
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Signature of member or an authorized representative of a member

Signature: /L.R. FLORIDI/