

#L11000050918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

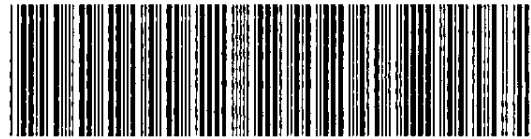
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500207371235

05/24/11--01019--003 \*\*25.00

FILED  
11 MAY 24 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
MAY 25 2011

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMAZING GRACE CARE, LLC ( L11000050918 )  
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:

Peter Marley

Name of Person

Florida Incorporator

Firm/Company

619 Cattlemen Rd - Suite O11

Address

Sarasota FL 34232

City/State and Zip Code

state@floridaincorporator.com

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

For further information concerning this matter, please call:

Peter Marley

Name of Person

at ( 888 ) 800-9573

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

**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.

FILED  
11 MAY 24 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FIRST:** The name of the limited liability company is:  
AMAZING GRACE CARE. LLC ( L11000050918 )

**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 incorrect statement is the name of the llc.

Due to a typographical error, the name of the llc contains unwanted characters.

The name of the limited liability company is:

AMAZING GRACE CARE, LLC

**OR**



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

Dated: April 29th, 2011.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Ellen Strobel

\_\_\_\_\_  
Typed or printed name of signee