

L13000055794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

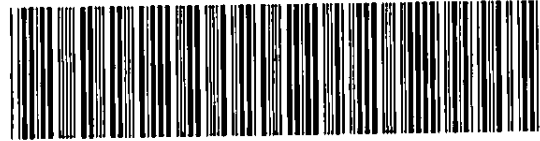
(Document Number)

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300433250313

LLC statement of
Correction

2024 AUG -7 AM 9:36
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

2024 AUG -7 PM 3:31
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

RECEIVED

A. RAMSEY

AUG 12 2024

* 02250, 00524, 000671

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 08/07/2024
Acc#120160000072

en: c DW

Name:	One Homecare Solutions, LLC
Document #:	
Order #:	15805436

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2024

CT CORP

TALLAHASSEE, FL 32312

SUBJECT: ONE HOMECARE SOLUTIONS, LLC
Ref. Number: L13000055794

We have received your document for ONE HOMECARE SOLUTIONS, LLC and the authorization to debit your account in the amount of \$55.00. However, the document has not been filed and is being returned for the following:

Please include the date that Joseph Ruschell signed the document in the space provided at the bottom of the page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 524A00017560

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

FILED

2024 AUG -7 AM 9: 36

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: ONE HOMECARE SOLUTIONS, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECOND: The Florida Document number of the limited liability company is: L13000055794

THIRD: Document to be corrected is: Articles of Amendment

(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:

Cassie L. Hoff, Vice President, Strategy Advancement name was incorrectly misspelled.

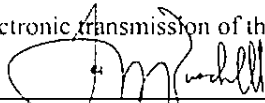
Correct spelling is: Cassie Leigh Houff, Vice President, Strategy Advancement.

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.



8-7-24

Signature of Authorized Representative
Joseph Matthew Ruschell

Date

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.

Registered Agent's Signature

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