

25.00

L13000172852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

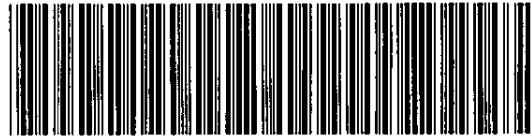
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

25⁰⁰

Office Use Only



200254436882

12/18/13--01006--011 *1008.75

FILED
13 DEC 27 AM 10:09
RECEIVED
DEPARTMENT OF STATE
13 DEC 26 PM 1:25
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

DEC 30 2013

**CORPORATE
ACCESS,
INC.**

"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP: 12-26-13

- ☐ CERTIFIED COPY _____
- ☒ PHOTOCOPY _____
- ☐ CUS _____
- ☒ FILING Correction _____

1. Non clinical Patient Services - NCPCS
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

*Corrected
Resubmitter*

December 27, 2013

CORPORATE ACCESS, INC.

SUBJECT: NCPCS - NON CLINICAL PATIENT CARE SERVICES LLC
Ref. Number: L13000172852

We have received your document for NCPCS - NON CLINICAL PATIENT CARE SERVICES LLC and your check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendment must list name as it is listed on our data base. Please correct document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 213A00029163

10:41 AM
SUFFICIENCY OF FILING

2013 DEC 27 PM 4:41

RECEIVED
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

**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
13 DEC 27 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the limited liability company is:
NCPS- Non clinical Patient Care Services, LLC

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

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

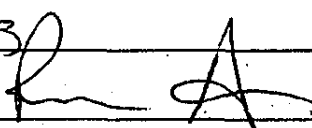
- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

New name is Better Homecare & Companion
Services, LLC

OR

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

Dated: 12/23/13


Signature of a member or authorized representative of a member

Rose Andre
Typed or printed name of signee

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