

1/5/2017

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L1608231967

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CALCARE PLLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA17 JAN -5 AM 9:58
DIVISION OF CORPORATIONS

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H170000038273

**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: CalCare PLLC

SECOND: The Florida Document number of the limited liability company is: L16000231967

THIRD: Document to be corrected is: Articles of Organization

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:

Article II - Address: The principal place of business and mailing address of this Limited Liability Company shall be: 1039 Baum Rd, Tallahassee, Florida 32317

Article IV - Managers/Members: The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is: James A. Calabro, 1039 Baum Rd, Tallahassee, Florida 32317

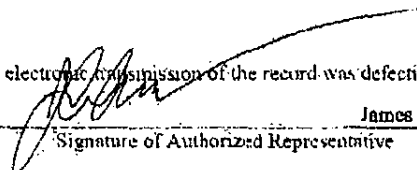
The city was misspelled in the principal, mailing and member addresses. The corrected statements are attached.

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.



Signature of Authorized Representative

James A. Calabro, Member

Date

1/4/17

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)

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Attachment to Statement of Correction

For

CalCare PLLC

The corrected statements are as follows:

Article II – Addresses

The principal place of business and mailing address of this Limited Liability Company shall be: 1039 Baum Rd, Tallahassee, Florida 32317

Article IV – Managers/Members

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is: James A. Calabro, 1039 Baum Rd, Tallahassee, Florida 32317

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