

L180000

73440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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04/18/18--01008--029 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 APR 27 AM 11:26

M. MILLIGAN

APR 27 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2018

MARIE A J ROMAIN
5933 NW HANN DR
PORT ST LUCIE, FL 34986

SUBJECT: MARIE HOME HEALTH COMPANION LLC
Ref. Number: L18000073440

We have received your document for MARIE HOME HEALTH COMPANION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You did not indicate what do you want to change on the application

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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 518A00008031

COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: **MARIE HOME HEALTH COMPANION LLC**
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marie A J Romain

Name of Person

Firm/Company

5933 nw hann dr

Address

Port st lucie FL 34986

City/State and Zip Code

jcr.romain@gmail.com

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

For further information concerning this matter, please call:

Marie A J Romain

Name of Person

at (**561**) **703-0929**

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

**STATEMENT OF CORRECTION
FOR**

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

18 APR 27 AM 11:26

FIRST: The name of the limited liability company is:

Marie Home Health Companion LLC

SECOND:

The Florida Document number of the limited liability company is:

L180000073440

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:

The name home health on my projected operating license wouldnt work

The new name shall be: Marie's home Makers Companion LLC

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.

Marie A S Bonian

Signature of Authorized Representative

04-16-2018

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.

Jean C Bonian

Registered Agent's Signature

Filing Fee:
Certified Copy:

\$25.00
\$30.00 (optional)