

L19 000 283357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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12/23/18--01014--027 **25.00

2019 DEC 23 PM 1:05

R. WHITE

JAN 24 2020

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Share For My Care, LLC
Name of Limited Liability Company

Mr Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Crystal Tanner
Name of Person

Share for my Care
Firm/Company

1301 Seminole Blvd # 136
Address

Largo, FL 33770
City/State and Zip Code

ctanner@shareformycare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal Tanner at (727) 348-2540
Name of Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$5 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**

uant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. 03/23/2011 1:05 PM

ST: The name of the limited liability company is: Shaw for my care, LLC

OND: The Florida Document number of the limited liability company is: L19000283357

RD: Document to be corrected is: Electronic Articles of Organization IV

(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 IV has wrong Company name for one.
Should be " Singer Management Network, Inc "

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

Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign the designation).

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 conditions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely effect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of the change.

Cristal D. Janner

Registered Agent's Signature

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