

L20 000 147473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

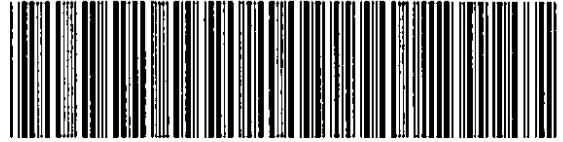
(Business Entity Name)

(Document Number)

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Statement
of Correction / Name
Change

AUG 20 2020

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vangie's Caring Hands 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:

Vangela Robinson-Jones
Name of Person

Firm/Company

46 Robinson Circle
Address

Montice 116, FL 32344
City/State and Zip Code

Robinson-v 2003@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vangela Robinson-Jones 850 756-3835
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:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

FILED
TALLAHASSEE
FLA
JAN 11 2007

**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: Vangie's Caring Hands LLC

SECOND: The Florida Document number of the limited liability company is: L20000147473

THIRD: Document to be corrected is: Vangie's Caring Hands LLC

(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:

I would like to change the name of my LLC to Vangie's Caring Hands LLC without the comma because I can not file OR EIN Number with a comma. Take the comma out and put Vangie's caring hands LLC

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.

Vangela Robinson-Jones 6/8/2020
Signature of Authorized Representative 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.

Vangela Robinson-Jones
Registered Agent's Signature

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