

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6362

Attention: Diane Cushing,  
Senior Section Administrator

From: Account Name : HOLLAND & KNIGHT LLP  
Account Number : 120000000112  
Phone : (305) 789-7758  
Fax Number : (305) 789-7799

*Ru Aite*  
*10/15/20*

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SOUTH KENDALL HOME CARE, LLC

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**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: SOUTH KENDALL HOME CARE, LLC

**SECOND:** The Florida Document number of the limited liability company is: L20000237465

**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:

Due to a scrivener's error, Article V Management incorrectly shows the Company is member-managed and Villar Holdings, LLC as authorized member. The Corrected Statement:

The Company is conducted, carried on and managed by its Manager. The name and address of the initial Manager is

Pedro Villar Perez, 12595 SW 137 Ave, Suite 101, Miami, FL 33186.

**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.

/s/ Pedro Villar Perez

10/14/2020

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.*

\_\_\_\_\_  
Registered Agent's Signature

**Filing Fee: \$25.00**  
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