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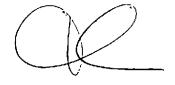
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COVER LETTER

	egistration livision of	n Section Corporations				
SHR IF <i>C'</i> I		THE BEST HOME CARE BY TANIA LLC				
SOBJEC 1		1	Name of Limited Liab	ility Company		
Dear Sir o	r Madam:					
The enclos	sed Staten	nent of Correction and fee(s)	are submitted for filin	g.		
Please retu	ım all con	respondence concerning this i	matter to the following	Ř:		
TANIA G	ONZALE	Z				
		Name of Person		-		
THE BES	т номе	CARE BY TANIA				
		Firm/Company		-		
380 WEST	г 55 Т Н S'	Γ				
		Address		-		
HIALEAF	FLORIE	DA 33012				
		City/State and Zip Code		-		
TANIAGO	ONZALE	Z129@GMAIL.COM				
E-ma	iil address	: (to be used for future annua	I report notification)	-		
For further	· informat	ion concerning this matter, pl	ease call:			
TANIA G	ONZALE	Z	l	786-252-8087		
	Na	ine of Person	at (Area Code	786-252-8087 Daytime Telephone Number		
R D P	ivision . O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed i	s a check	for the following amount:				
≣ \$25 Filii	ng Fee	S30 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

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: ____ The Florida Document number of the limited liability company is: SECOND: Document to be corrected is: EIN NUMBER 92-1272119 THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT 2 Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: THE WORD (THE) AT THE BEGINNING OF THE NAME WAS OMITTED IN THE EIN NUMBER. THE CORRECT NAME IS: THE BEST HOME CARE BY TANIA LLC. 1 20 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 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

\$25.00

\$30,00 (optional)

Filing Fee: Certified Copy: