

L23

060117810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

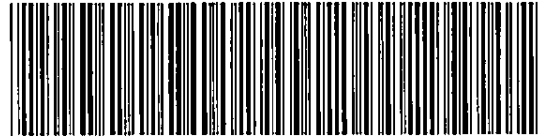
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2023 APR 10 AM 10:22  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** – Registration Section  
Division of Corporations

**SUBJECT:** GOLDEN YEARS ADULT FAMILY HOME CARE CENTER 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:

YAJAIRA FUENTES

Name of Person

GOLDEN YEARS ADULT FAMILY HOME CARE CENTER LLC

Firm/Company

6021 SW 62 PLACE

Address

SOUTH MIAMI, FL 33143

City/State and Zip Code

YAJAIRA@BELLSOUTH.NET

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

For further information concerning this matter, please call:

YAJAIRA FUENTES

786

306-3000

Name of Person

at ( )

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

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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**

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: GOLDEN YEARS ADULT FAMILY HOME CARE CENTER LLC

**SECOND:** The Florida Document number of the limited liability company is: L23000117810

**THIRD:** Document to be corrected is: GOLDEN YEARS FAMILY HOME CARE CENTER LLC

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

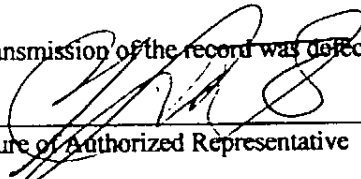
Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
company name is missing the word ADULT

**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  
4/5/23 Date

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2023 APR 10 A 10:22  
TALLAHASSEE, FL

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**  
**Certified Copy: \$30.00 (optional)**