

N140000003890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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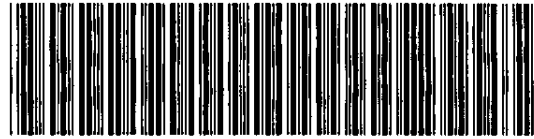
(Business Entity Name)

(Document Number)

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Articles of  
Correction

05/09/14--01012--016 \*\*35.00

FILED  
2014 MAY -9 PM 4:31  
TALLAHASSEE, FLORIDA

DR  
5/20/14

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CARING AND PARTNERSHIP INC  
Name of Corporation

DOCUMENT NUMBER: N14000003890

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTIONETTE LEE

Name of Contact Person

CARING AND PARTNERSHIP INC

Firm/Company

1915 NW 59th WAY

Address

LAUDERHILL, FLORIDA 33313

City/State and Zip Code

AFRIKALOVEU@YAHOO.COM

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

For further information concerning this matter, please call:

ANTIONETTE LEE

Name of Contact Person

at ( 954 ) 297-8593

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF CORRECTION

For

FILED

CARING AND PARTNERSHIP INC

Name of Corporation as currently filed with the Florida Dept. of State

2014 MAY -9 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N14000003890

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct FLORIDA NON PROFIT CORPORATION  
(Document Type Being Corrected)

filed with the Department of State on 4/21/2014  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THERE IS NO PRESIDENT LISTED

Correct the inaccuracy, incorrect statement, or defect:

PLEASE ADD ANTONIETTE LEE AS PRESIDENT



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

ANTONIETTE LEE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00