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Betolanne

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: ANWIL ASSISTED DOCUMENT NUMBER: P060000	Name of Corporation)		
The enclosed Articles of Correction and f			
Please return all correspondence concerni			
•	ing this matter to the following.		
WILFREDO LLANES (Name of Contact Person)			
AMWIL ASSISTED LIVING, (Firm/Company)	INC.		
840 SW 8TH STREET (Address)			
POMPANO BEACH, FL 33060 (City/State and Zip Code)			
For further information concerning this matter, please call:			
WILFREDO LLANES (Name of Contact Person)	at (407) 295-4861 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amo	ount:		
	\$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 SECRETARY OF STATE DIVISION OF CORPORATIONS

ANWIL ASSISTED LIVING, INC.

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

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P0600008658	
Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florid these Articles of Correction within 30 days of the file date of the details of the detail	la Statutes, this corporation files ocument being corrected.
These articles of correction correct ARTICLES OF INCOL	RPORATION
filed with the Department of State on JANUARY 18, 2006 (File Date of Document)	Being Corrected)
Specify the inaccuracy, incorrect statement, or defect: THE NAME OF THE CORPORATION IS SE	PELLED INCORRECT.
	_
Correct the inaccuracy, incorrect statement, or defect:	
THE CORRECT SPELLING SHOULD BE	
AMWIL ASSISTED LIVING, INC.	
	——————————————————————————————————————
(Signature of a director, president or other officer - if directors not been selected, by an incorporator - if in the hands of the reother court appointed fiduciary, by that fiduciary.)	or officers have ceiver, trustee, or
WILFREDO LLANES (Typed or printed name of person signing)	PRESIDENT (Title of person signing)

Filing Fee: \$35.00