

P06000149962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

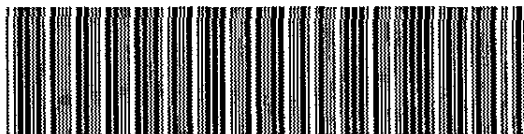
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Art D  
Correction

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 DEC 18 PM 12:28

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** S & S Nursing Home Care, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000149962

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

Please return all correspondence concerning this matter to the following:

Sonia Rivero

(Name of Contact Person)

S & S Nursing Home Care, Inc

(Firm/Company)

2300 SW 97 Ave # A-104

(Address)

Miami, Florida 33165

(City/State and Zip Code)

For further information concerning this matter, please call:

Sonia Rivero

(Name of Contact Person)

at ( 305 ) 220-0583

(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

S & S Nursing Home Care, Inc

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

P06000149962

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 The article of Incorporation

(Document Type Being Corrected)

filed with the Department of State on Florida

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The address listed on file is incorrect

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

The correct address should be:

2300 SW 97th Avenue Suite A-104

Miami, Florida 33165

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

Sonia Rivero

(Typed or printed name of person signing)

Director Vice-President

(Title of person signing)

Filing Fee: \$35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA