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TO: Amendment Section Division of Corporations

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| SUBJECT: | DIAZ HOME CARE ALF | THINC | |
|--|-----------------------------|--------------------------|----------|
| | Name of Corporation | | — |
| DOCUMENT NUMBER: | | 040528 | _ |
| The enclosed Articles of Correction | and fee are submitted | for filing. | |
| Please return all correspondence con | cerning this matter to | the following: | |
| JORGE GONGA | R | | |
| Name of Contact Per | SOL | - | |
| DIAZ HOME CARE AL | F II INC | | |
| Firm/Company | <u>.</u> | - | |
| 12211 SW 268 STR | ЕЕТ | | |
| Address | | _ | |
| HOMESTEAD, FL 3 | 33032 | | 23 |
| City/State and Zip) | Code | - | |
| melhome19@gmail. | com | | |
| E-mail address: (to be used for future : | annual report notification) | _ | |
| For further information concerning the | his matter, please call: | | |
| JORGE GONGAR | 786 at (| 286-2826 | 12 12 |
| Name of Contact Person | Area Code | Daytime Telephone Number | _ |

Enclosed is a check for the following amount:

■ \$35.00 Filing Fee

□ \$43.75 Filing Fee & Certificate of Status

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

□ \$43.75 Filing Fee & Certified Copy

Mailing Address:

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

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF CORRECTION

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For

DIAZ HOME CARE ALF II INC

| DIAZ H | OME CARE ALF II INC | |
|--|--|--|
| Name of Corporation as | currently filed with the Florida Dept-of State | |
| | P09000040528 | |
| | iment Number (it'known) | |
| 1400 | ument Number (II known) | |
| Pursuant to the provisions of Section 607.0 | 124 Florida Statutes | |
| | · · · · · · · · · · · · · · · · · · · | |
| These articles of correction correct | (Document Type Being Corrected) | · |
| | 07/15/0000 | |
| filed with the Department of State on | (File Date of Document) | |
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| Specify the inaccuracy, incorrect statement. | , or defect: | |
| JORGE CONGAR is incorrect | | |
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| Correct the inaccuracy, incorrect statement, | , or defect: | |
| JORGE GONGAR | | |
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| (Signature of a director, pres | ident or other officer - if directors or officers have | |
| not been selected, by an ine other court appointed fiduci | orporator - if in the hands of the receiver, trustee, or ary, by that fiduciary.) | |
| | | |
| T. C | | |
| Jorge Gongar | tresident | |
| (Typed or printed name of person signing) | (Title of person si | gning) |

Filing Fee: \$35.00