

P15000042490

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SECRETARY OF STATE
DIVISION OF CORPORATION
2015 MAY 26 PM 1:48

Art correction
name ch 8
@ 4/2/15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **MARIE AND FAMILY CARING INC**

Name of Corporation

DOCUMENT NUMBER: **P15000042490**

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

Please return all correspondence concerning this matter to the following:

MARIA LEYVA

Name of Contact Person

Firm/Company

10682 FASCINATION LN

Address

WEST PALM BEACH, FL 33411

City/State and Zip Code

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

For further information concerning this matter, please call:

MARIA LEYVA

Name of Contact Person

at ()

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

MARIE AND FAMILY CARING INC

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

P15000042490

Document Number (if known)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAY 26 PM 1:48

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 **NAME SPELLING**
(Document Type Being Corrected)

filed with the Department of State on **MAY 12, 2015**
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

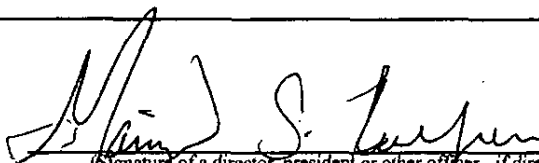
NAME SHOULD BE MARIA AND FAMILY CARE INC

NAME MARIE LEYVA SHOULD BE MARIA LEYVA (E TO A)

Correct the inaccuracy, incorrect statement, or defect:

CHANGE BUSINESS NAME TO: MARIA AND FAMILY CARE INC

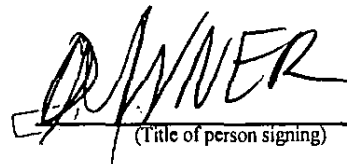
CHANGE REGISTERED AGENT NAME TO: MARIA LEYVA (MISPELLED)



(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.)



(Typed or printed name of person signing)



(Title of person signing)

Filing Fee: \$35.00