

P17000076177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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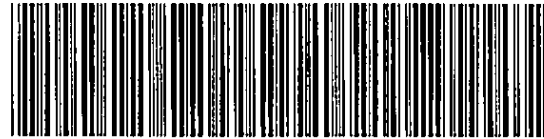
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TREASURY & FINANCE

17 SEP 26 PM 1:53

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Costa Health Services INC

Name of Corporation

DOCUMENT NUMBER: P17000076177

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

Please return all correspondence concerning this matter to the following:

Yaumara Orama

Name of Contact Person

Costa Health Services

Firm/Company

230 SW 12 St Apt# 708

Address

Miami, Florida 33130

City/State and Zip Code

ycorama@costahealth.com

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

For further information concerning this matter, please call:

Yaumara Orama

Name of Contact Person

at (**786**) **715 4388**

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

FILED

17 SEP 26 PM 1:53

For

Costa Health Services INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

P17000076177

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 Articles of Incorporation (Article III)
(Document Type Being Corrected)

filed with the Department of State on 09/20/2017
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Article III - The purpose for which this corporation is organized is:

Serve patients with behavioral health diagnosis with passionate care and
excellent learning experience.

Correct the inaccuracy, incorrect statement, or defect:

Article III - The purpose for which this corporation is organized is:

Home Health Aide and any and all lawful business.

Yaumara Orama

(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.)

Yaumara Orama

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35.00