P21000076154

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Articles of Correction

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 30 2021
A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANILADI TIRADO HEALTH CARE SERVICES INC
Name of Corporation

DOCUMENT NUMBER: P21000076154

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

Please return all correspondence concerning this matter to the following:

MARIA DE JESUS EVORA
Name of Contact Person

EVORA CHARLON ENTERPRISES LLC
Firm/Company

6046 N MOSS CIRCLE
Address

LABELLE, FL 33935
City/State and Zip Code

mjevora@live.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA DE JESUS EVORA at (786) 222-7408
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
- ☐ $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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For

ANILADI TIRADO HEALTH CARE SERVICES INC

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

P21000076154

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct ARTICLE VII NAME OF PRESIDENT: ANILADI TIRADO.

(Document Type Being Corrected)

filed with the Department of State on 08/25/2021.

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

TYPE ERROR OF THE PRESIDENT'S NAME. THE INCORRECT NAME IS: ANALIDI TIRADO.

Correct the inaccuracy, incorrect statement, or defect:

THE CORRECT NAME IS: ANILADI TIRADO

(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)

ANILADI TIRADO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: $35.00