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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	ECT: LAND STUDIO DESIG	Name of Corporation	
DOC	ument number: <u>P1000007</u> 2	2454	
The ea	nclosed Articles of Correction and fe	ee are submitted for filing.	
Please	e return all correspondence concerni	ng this matter to the following:	
ANGI	ELA DELGADO Name of Contact Person	· · · · · · · · · · · · · · · · · · ·	
QTA ASSOCIATES INC			
Firm/Company			
665 8	SE 10TH STREET SUITE # 201 Address		
DEERFIELD BEACH FL, 33441 City/State and Zip Code			
ANGI	ELA@QTAASSOCIATES.COM		
	E-mail address: (to be used for future annual re	eport notification)	
For further information concerning this matter, please call:			
ANG	ELA DELGADO	at (954) 571-4090 Area Code & Daytime Telephone Number	
	Name of Confact / Cison	Area code de Bayante Telephone Petitibel	
Enclo	sed is a check for the following amo	uint	
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Amen Divisi P.O. E	ng Address: dment Section ion of Corporations Box 6327 nassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

LAND STUDIO DESIGN INC

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

P10000072454

Document Number (if known)

Document Number (II 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 (Document Type Being Corrected)
filed with the Department of State on 09/01/2010 (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
THE CORPORATE NAME WAS INCORRECT.
Correct the inaccuracy, incorrect statement, or defect:
THE CORPORATE NAME SHOULD BE AS FOLLOWS:
LANDSCAPE STUDIO DESIGN INC.
(Signature of a director, president or other officer - if directors or officer, have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
Hun Zimmeman Wesident (Typed or printed name of person signing) Wesident (Title of person signing)

Filing Fee: \$35.00