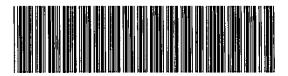


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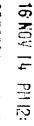
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: ECLAIR CAFE, INC. Name of Corporation			
DOCUMENT NUMBER: P16000088374			
The enclosed Articles of Correction and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
MYLENE HADDAD			
Name of Contact Person			
ECLAIR CAFE, INC.			
Firm/Company			
20201 E COUNTRY CLUB, APT 1505 Address			
AVENTURA, FL 33180			
City/State and Zip Code			
INFO@ECLAIRCAFE.COM			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
IGAL HADDAD	at (407_)928-8972 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amo	ount:		
■ \$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	Street Address: Amendment Section Division of Corporations		
O. Box 6327 Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF CORRECTION

For

16 NOV 14 PH 12: 18

ECLAIR CAFE, INC.	SECTION AND ALE
Name of Corporation as currently filed with the F	florida Dept. of State
P16000088374	
Document Number (if known)
Pursuant to the provisions of Section 607.0124 or 617.0124 chese Articles of Correction within 30 days of the file date of These articles of correction correct P16000088374	, Florida Statutes, this corporation files of the document being corrected.
(Locum	nent Type Being Corrected)
filed with the Department of State on NOVEMBER 01	, 2016 ocument)
Specify the inaccuracy, incorrect statement, or defect: FILING DATE 01/01/2017	
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
Correct the inaccuracy, incorrect statement, or defect:	
FILING DATE 11/01/2016	
	0 0
(Signature of a director fresident or other officer - M not been selected by an incorporator - if it is the hand other court appointed fiduciary, by that fiduciary.)	Currectors or officers have so of the receiver, trustee, or
MYLENE HADDAD	PRESIDENT
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00