

P21000029251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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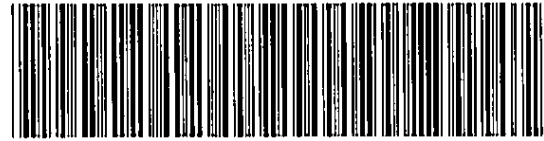
(Business Entity Name)

(Document Number)

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2021 APR 19 PM 7:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

A. Butter

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BROTHERS TRUCKING & TRANSPORT, INC  
Name of Corporation

**DOCUMENT NUMBER:** P21000029251

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

Please return all correspondence concerning this matter to the following:

Kilsy Jimenez

\_\_\_\_\_  
Name of Contact Person

3-Lakes Insurance Agency, Inc

\_\_\_\_\_  
Firm/Company

13335 SW 124th ST, Suite 205

\_\_\_\_\_  
Address

Miami, FL 33186

\_\_\_\_\_  
City/State and Zip Code

info@threelakesinsurance.com

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

For further information concerning this matter, please call:

Kilsy Jimenez

\_\_\_\_\_  
Name of Contact Person at ( 786 ) 713-0086  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee       | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee

ARTICLES OF CORRECTION

FILED

For

2021 APR 19 PM 7:04

BROTHERS TRUCKING & TRANSPOR, INC

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

SECRETARY OF STATE  
TALLAHASSEE, FL

P21000029251

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct BROTHERS TRUCKING & TRANSPORT, INC,  
(Document Type Being Corrected)

filed with the Department of State on 04/24/2021.  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

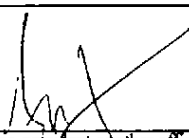
There was a letter missing Transpor (T)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

Transport (this is the correct way)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



(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.)

Adriel Verdon Diaz

(Typed or printed name of person signing)

P

(Title of person signing)

Filing Fee: \$35.00